

FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	2/20/2015
	FTR:	150223-2015-19				

TRANSFER AMOUNT(S) FROM			FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$188,396	PATHS PILOT	CYFALTCR 81057			
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$188,396 Transfer From Total						

TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$188,396	Orion Family Services	CYFALTCR CHPPAA			
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$188,396 Transfer To Total						

EXPLANATION:
 This FTR increases the 2015 budget for the contracted portion of the PATHS Pilot grant.

ACTION: Approved G.P. Foster 2/3/2015			
Dept/Committee	Date	Approved	Denied
Department Head	03/04/2015	<i>L. Green</i>	
Oversight Committee			
Controller			
County Executive			
Finance Committee			
Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.			