

2015 FUND TRANSFER REQUEST FORM

AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	9/18/2015
FTR:	150928-2015-36 Falls Prev Incr				

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	\$8,000 Falls Prevention	ACBADMIN 81059	4000	-	-	4000
2						
3						
4						
5						
6						
7						
8						
9						
10	\$8,000 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	\$8,000 Falls Prevention	ACBAASCC CPFPA	4000	-	4000	8
2						
3						
4						
4						
5						
6						
7						
8						
9						
10	\$8,000 Transfer To Total					

EXPLANATION:  
 AAA has been selected by the Wisconsin Institute for Healthy Aging to receive funds from the Stepping up Stepping On grant. This will increase the capacity in Dane County to deliver the high level evidence based health promotion program Stepping On.

ACTION: Approved G. P. Foster 9/29/15			
Dept/Committee	Date	Approved	Denied
Department Head	Lynn Green	09/30/2015	
Oversight Committee	HHW	10/20/15	
Controller	[Signature]	10/14/15	
County Executive	[Signature]	10-19-15	
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.			