2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600		DATE	2/7/2017
	FTR:	170209-2016-**32 Alzheimer funds Incr**					
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY			
	Amount in Whole $$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	$7,000	COP ATTACHED ALZHEIMER FUNDS	ACCCLVNG 81001				
2							
3							
4							
5							
6							
7							
8							
9							
10	**$7,000**	**Transfer From Total**					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole $$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	$7,000	FAMILY SUPPORT - AFCSP	ACCCLSCA CMSPAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	**$7,000**	**Transfer To Total**					

EXPLANATION:

State of Wisconsin DHS has increased funding to Dane County which provides additional resources for respite care under the AFCSP program for 2016. This will be used to develop additional resource binders for caregivers as well as expanding outreach efforts to caregivers.

ACTION			
Dept/Committee	Date	Approved	Denied
Department Head	2/10/2017	L. Green	
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.