

**2020 FUND TRANSFER REQUEST**

	<b>AGENCY</b>	Human Services Department	<b>ORGANIZATION</b>	Fund 2610	<b>DATE</b>	6/29/2020		
	<b>FTR:</b>	200629 - 15 CBRF RESIDENTIAL TREATMENT						
<b>TRANSFER AMOUNT(S) FROM</b>				<b>FOR ACCOUNTING USE ONLY</b>				
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$6,699	Crisis Intervention	44000	35501				
2								
4								
5								
6								
7								
8								
9								
10								
	<b>\$6,699</b>	<b>Transfer From Total</b>						
<b>TRANSFER AMOUNT(S) TO</b>				<b>FOR ACCOUNTING USE ONLY</b>				
	Amount in Whole \$\$	Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$6,699	CBRF Residential Treatment	469118	36506				
2								
3								
4								
3								
4								
5								
6								
7								
8								
9								
10								
	<b>\$6,699</b>	<b>Transfer To Total</b>						
<b>EXPLANATION:</b> Decreasing Responsive Solutions Inc.'s POS contract (program 12377) by \$6,699 to reflect under-utilization. Transferring the \$6,699 back to 469118 36506 (POS-Non Specific).				<b>ACTION</b>				
				<b>Dept/Committee</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>	
				Department Head	7/7/2020	<i>J. Feismann</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.								