

# FUND TRANSFER REQUEST FORM

2014 FTR - 069

AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	10/15/2014	
FTR:	141015-2014-28					
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	\$25,000 FOOD STAMP EMPLOYMENT & TRAINING	EAEMPWW 81360	374502	-	134872	239630
2	\$25,000 POS FSET 50/50 MATCH	EAEMPWW 81364	270012	-	152637	117375
3						
4						
5						
6						
7						
8						
9						
10						
	<b>\$50,000 Transfer From Total</b>					
TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$50,000 FSET 50/50	EATRMUM FSETAA	425000	-	354,167	70,833
2						
3						
4						
5						
6						
7						
8						
9						
10						
	<b>\$50,000 Transfer To Total</b>					

**EXPLANATION:**

To recognize funding for a new program "Just Bakery" added to the Madison Area Urban Ministry 2014 contract. This program is being funded for the months of 7/1/2014-12/31/2014

		ACTION	
Dept/Committee	Date	Approved	Denied
Department Head	10/16/2014	L. Green	
Oversight Committee	10/21/14	H.H.W.	
Controller	10/21/14		
County Executive	10-24-14		
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.