

FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE	12/21/2015	
	FTR: 151218-2016-06 Increase Community Intervention Pgm					
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	\$20,000 Community Intervention	CYFSUPRT 81266	54000	-	-	54000
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$20,000 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	\$20,000 WFT - Parent Mentoring Service	CYFCTWFT CZPMAA	20140	3345	-	16795
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$20,000 Transfer To Total						
EXPLANATION: Increases the 2016 budget to reflect the actual amount available in the CIP grant.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	1/13/2016	L. Green	
			Oversight Committee			
			Controller	11/19/16	<i>[Signature]</i>	
			County Executive	1-21-17	<i>[Signature]</i>	
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.						