

2014 FUND TRANSFER REQUEST

2014 FTR-017

AGENCY	Human Services Department	ORGANIZATION	DATE	5/20/2014		
FTR:	140520-2014-15					
TRANSFER AMOUNT(S) FROM						
Amount in Whole	Account Title	Account Number (ORGN OBJ)	Budget Amount	Encumbered Amount	Expended Amount	Balance
\$10,000	HOMELESS DAY CTR PARTNER - PUBLIC	EAHMLTBD 81020	50000		15000	35000
2						
3						
4						
5						
6						
7						
8						
9						
10	\$10,000	Transfer From Total				
TRANSFER AMOUNT(S) TO						
Amount in Whole	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
\$10,000	EMERGENCY SHELTER	EAHMLPLT ESMHAA	216,121	-	27,550	188,571
2						
3						
4						
5						
6						
7						
8						
9						
10	\$10,000	Transfer To Total				

EXPLANATION:

This BAF/FTR transfers funds for a new Porchlight transportation program. Funding is \$10,000 from City of Madison.

Dept/Committee	Date	Approved	Denied
Department Head	5/20/2014	<i>E. Green</i>	
Oversight Committee	6/2/14	<i>HHN</i>	
Controller	6-5-14	<i>[Signature]</i>	
County Executive	6-6-14	<i>[Signature]</i>	
Finance Committee	6-16-14	<i>[Signature]</i>	

Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.

ACTION: Approved