

## 2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	7/14/2016	
	FTR:	160718-2016-22 Eviction prevention to EAWS					
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	Eviction Prevention	CYFACTBD CPEPAA				
2							
3							
4							
5							
6							
7							
8	<b>\$25,000</b>	<b>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	\$25,000	Housing Case Management	EAHMLCAC HRRFAA				
2							
3							
4							
5							
6							
7							
8	<b>\$25,000</b>	<b>Transfer To Total</b>					
EXPLANATION: Transfer funds from CYF to EAWS which increases the Housing Case Management line to be earned by Community Action Coalition.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	7/18/2016	<i>L. Green</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.			