2020 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	IIZATION	Fund 2610		DATE	12/14/2020	
	FTR:	201215 - 21 SOR							
TRANSFER AMOUNT(S) FROM				FOR ACC		OR ACCOUNT	OUNTING USE ONLY		
Amount in Whole		Account Title	Accoun	t Number	Budget	Encumbered	Expended	Balance	
	\$\$			N OBJT)	Amount	Amount	Amount		
1	\$22,500	State Opioid Response (SOR) grant	46000	0 85259					
2									
3									
4									
5									
6									
7									
8 9									
10		Transfer From Total							
10	10 \$22,500 Transfer From Total TRANSFER AMOUNT(S) TO				EC	FOR ACCOUNTING USE ONLY		V	
Amount in Whole Account Title			Account Number						
\$\$		Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance	
1		Journey Mental Health Center - Jail Opiate Program	466133 35507		Amount	Amount	Amount		
2		odiney Wentar reditir Center Can Opiate i regiani	100100 00001						
3									
4									
3									
4									
5									
6									
7									
8									
9									
	10 \$22,500 Transfer To Total								
EXPLANATION:					ACTION				
Renewal of State Opioid Response (SOR) grant (CARS # 533259) funds were awarded				Dept/Committee Date		Approved	Denied		
for the period of 9/30/20-9/29/21. The \$22,500 on this FTR is for the period of 9/30/20-				Department Head 12/16/2020 Oversight Committee		s. Tessmann			
					nmittee				
				Controller					
				County Execut					
				Finance Comp		lor for fund availabilit	/ The Department Lie	ad will accume	
					Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request				