

2014 FTR-004

2014 FUND TRANSFER REQUEST

AGENCY	Human Services Department	ORGANIZATION	DATE			
FTR:	140407-2014-12		4/7/2014			
TRANSFER AMOUNT(S) FROM						
Amount in Whole \$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$3,000 HOMELESS EXPENSE CONTINGENCY	EAHMLTBD EMSTBD	25000	-	6500	18500
2	\$8,000 EMERGENCY SHELTER	EAHMLSHN EMSHAA	8000	-	-	8000
3	\$5,000 HOMELESS DAY CTR PARTNER - PUBLIC	HSADMIN 81020	0	-	-	0
4						
5						
6						
7						
8						
9						
10	\$16,000 Transfer From Total					
TRANSFER AMOUNT(S) TO						
Amount in Whole \$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$14,863 LIMITED TERM EMPLOYEES	HSADMIN AAYGAA	176850	-	28,022	148,828
2	\$1,137 SOCIAL SECURITY	HSADMIN AAYPAA	186,799	-	45,595	141,204
3						
4						
5						
6						
7						
8						
9						
10	\$16,000 Transfer To Total					

ACTION: Approved G.P. Foster 4/8/2014

Dept/Committee	Date	Approved	Denied
Department Head	4/18/2014	G.P Foster	
Oversight Committee	4/29/14	HHN	
Controller	4/30/14		
County Executive	5-2-14		
Finance Committee			

EXPLANATION:
 THE TRANSFER OF FUNDS FROM CITY OF MADISON (\$5000) THAT FACILITATE EXPANDED HOMELESS CASE MANAGEMENT AT LIBRARY & BUS PASSES FOR TRANSPORTATION. IN ADDITION FUNDS ARE TRANSFERRED FROM CONTRACTED EXPENSE LINE TO A LTE LINE ITEM TO REFLECT WHERE HOMELESS CASE MANAGEMENT STAFF CHARGED.

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