

# FUND TRANSFER REQUEST FORM

2014 FTR-111

	AGENCY Human Services Department	ORGANIZATION Fund 2600	DATE 1/5/2015
	FTR: 150107-2015-08		

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	\$276,199 Juvenile Court Pilot	CYFCFAP 80841	130,400	-	-	130,400	
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>\$276,199 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	\$276,199 Adolescent AODA Treatment	CYFIAUWH CZAAAA	305,941	-	-	305,941	
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>\$276,199 Transfer To Total</b>							

**EXPLANATION:**  
This FTR increases the 2015 budget to the actual Juvenile Court AODA grant amount.

ACTION: Approved G.P. Foster 1/7/2015			
Dept/Committee	Date	Approved	Denied
Department Head	1-7-2015	<i>Lynn Green</i>	
Oversight Committee	1/15/15	<i>HHR</i>	
Controller	1/13/15	<i>[Signature]</i>	
County Executive	1-15-15	<i>[Signature]</i>	
Finance Committee	1/20/15	<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.			