

2015 FUND TRANSFER REQUEST FORM

| | | | | | | | |
|--|-------------------------|----------------------------|-------------------------------|---|----------------------|--------------------|---------|
| | AGENCY | Human Services Department | ORGANIZATION | Fund 2600 | DATE | 2/6/2015 | |
| | FTR: | 150216-2015-15 | | | | | |
| 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 | \$20,000 | ADRC Dementia Care Grant | ACJADRC 81016 | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
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| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | \$20,000 | Transfer From Total | | | | | |
| TRANSFER AMOUNT(S) TO | | | | FOR ACCOUNTING USE ONLY | | | |
| | Amount in Whole \$\$ | Account Title | Account Number | Budget Amount | Encumbered Amount | Expended Amount | Balance |
| 1 | \$20,000 | Dementia Program | ACJADRC NEWTBD | | | | |
| 2 | | | | | | | |
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| 9 | | | | | | | |
| 10 | \$20,000 | Transfer To Total | | | | | |
| EXPLANATION: A contract amendment increased the funding for the Dementia Care Specialist for the ADRC for 2015. This FTR will bring in these additional funds to align the budget with the funding available. | | | | ACTION: Approved <i>G.P. Foster</i> 2/17/2015 | | | |
| | | | | Dept/Committee | Date | Approved | Denied |
| | | | | Department Head | 02/17/2015 | <i>Lynn 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. | | | |