

2016 FUND TRANSFER REQUEST FORM

| | | | | | | |
|--|---|-------------------------------|-------------------------|----------------------|--------------------|---------|
| | AGENCY Human Services Department | ORGANIZATION | Fund 2600 | DATE | | |
| | FTR: 151218-2016-04 MA Crisis Increase MH | | | | | |
| 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 | \$47,000 MA Crisis Revenue | ACFMHLTH 81439 | 5313801 | - | - | 5313801 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | \$47,000 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 | \$32,000 CP - Case Management | ACFCLCPI CMCTAA | 302100 | 0 | 0 | 302100 |
| 2 | \$15,000 LSS - Off The Square Club | ACFACLSS OROSAA | 49606 | 0 | 0 | 49606 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | \$47,000 Transfer To Total | | | | | |
| EXPLANATION: Increases the existing MA Crisis revenue line by \$47,000 to be earned by Community Partnership's Case Management program and Lutheran Social Service's Off the Square Club Program. | | | ACTION | | | |
| | | | Dept/Committee | Date | Approved | Denied |
| | | | Department Head | 12/18/2015 | <i>Lynn Green</i> | |
| | | | Oversight Committee | | | |
| | | | Controller | 1/4/16 | <i>[Signature]</i> | |
| County Executive | 1-7-16 | <i>[Signature]</i> | | | | |
| 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. | | | | | | |