

2016 FTR-14

2016 FUND TRANSFER REQUEST FORM

AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	5/20/2016	
FTR:	160524-2016-16 PD CIP2 increase at CLA					
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 \$38,250	CIP II	ACGPHYDI 80999	7,112,689	-	1368,797	5,743,892
2						
3						
4						
5						
6						
7						
8						
9						
10 \$38,250	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 \$38,250	CLA Case Management	ACGCLCLA CMCMAA	964932	-	452,870	512,062
2						
3						
4						
3						
4						
5						
6						
7						
8						
9						
10 \$38,250	Transfer To Total					
EXPLANATION:			ACTION			
Increasing CIP II funding for newly awarded revenues to increase CLA Case Management program.			Dept/Committee	Date	Approved	Denied
			Department Head	5/27/2016	L. Green	
			Oversight Committee	6/8/16	HHN	
			Controller	5/31/16	[Signature]	
			County Executive	6-1-16	[Signature]	
			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.						