



2015 FUND TRANSFER REQUEST

AGENCY		Human Services Department		ORGANIZATION		Fund 2600		DATE		4/7/2015	
FTR:		150407-2015-27 Add'l TAP Grant									
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	\$35,000	Treatment Alternative Program (TAP)		ACICTRMT 80820		294235	-	-	294235		
2											
3											
4											
5											
6											
7											
8											
9											
10	\$35,000	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	\$6,603	ARC - TAP Case Mgmt Program		ACICLARC CMATAA		45,650	-	34,084	61,566		
2	\$4,809	Attic Correctional - TAP Case Mgmt Program		ACICLACS CMATAA		262,124	-	88,978	173,146		
3	\$2,865	Genesis - TAP Case Mgmt Program		ACICLGEN CMATAA		52,700	-	18,522	34,178		
4	\$20,723	Journey Mental Health Ctr - TAP Case Mgmt Prog		ACICTMHC CMATAA		16,621	-	5,540	11,081		
3											
4											
5											
6											
7											
8											
9											
10	\$35,000	Transfer To Total									

EXPLANATION:

Increases the existing Treatment Alternative Program (TAP) revenue in the department budget as a result of a \$35,000 funding increase received for 2015.

ACTION: Approved 4/13/2015 G.P. Foster			
Dept/Committee	Date	Approved	Denied
Department Head	4-13-2015	Lynn Green	
Oversight Committee			
Controller	5/5/15		
County Executive	5-6-15		
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.			