

2017 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	1/20/2017	
	FTR:	170124-2017-04 Multiple CYF Grants Incr					
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	\$12,372	FOSTER TRAINING	CYFALTCR 81177				
2	\$1,147	IV-E LEGAL SERVICES GRANT	CYFSUPRT 81466				
3	\$11,336	KINSHIP CARE PROGRAM REVENUE	CYFALTCR 80785				
4							
5							
6							
7							
8							
9							
10	\$24,855	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	\$12,372	FOSTER HOME RECRUITMENT & TRAINING	CYFALTCR CHRTAA				
2	\$1,147	IV-E LEGAL SERVICES	CYFDSSIA TELSAA				
3	\$11,336	KINSHIP CARE BENEFITS	CYFALTCR ACKCAA				
4							
3							
4							
5							
6							
7							
8							
9							
10	\$24,855	Transfer To Total					
EXPLANATION: This will increase budget to what we are receiving in 2017 for these programs.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	2/7/2017	<i>L. 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.			