

2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	7/19/2016	
	FTR:	160721-2016-24 Respite aging LTC increases					
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	\$29,690	COP ATTACHED ALZHEIMER FUNDS	ACCCLVNG 81001				
2							
3							
4							
5							
6							
7							
8							
9							
10	\$29,690	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	\$29,690	FAMILY SUPPORT - AFCSP	ACCCLSCA CMSPAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	\$29,690	Transfer To Total					
EXPLANATION: State of Wisconsin DHS has increased funding to Dane County which provides additional resources for respite care under the AFCSP program for 2016. We estimate that based on the allocations we can serve at least 15 new families / persons. This will potentially purchase about 740 hours of in home respite services.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	7/27/2016	<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.			