

2015 FUND TRANSFER REQUEST FORM

	AGENCY	ENCY Human Services Department		ORGANIZATION		Fund 2600		3/5/2015	
	FTR:	150309-2015-21					DATE	0/0/2010	
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY			· ·		
Amount in Whole Account Title				Account Number (ORGN		Budget Encumbered		Expended Balance	
	\$\$		OBJT)		Amount	Amount	AND	Dalarice	
1		ARC HEALTHY BEGININGS	CYFCFAP	81494	175000	_	-	175000	
2	(\$235,000)	GRANTS - AODA WOMEN'S	CYFCFAP	80834	235000		~	235000	
3								0.00	
4				-		5			
5									
6	-								
7	-								
8		28							
10	(6440.000)	T (= T)							
10	(\$410,000)	Transfer From Total							
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY Budget Encumbered Expended Balance				
Amount in Whole \$\$		Account Title	Accour	Account Number		Encumbered	Expended	Balance	
1		Day Center Services Treatment	0)/505100		Amount	Amount	Amount		
2		Healthy Beginnings	CYFCFARC	DOCWAA	266036	-	7759	258277	
3	(\$175,100)	liteating beginnings	CYFCFARC	DOHBAA	175100	_		175100	
4	-								
3									
4									
5									
6				-					
7	E.								
8									
9									
10	(\$410,000)	Transfer To Total							
EXPLA	ANATION:				ACTION:	Approved C.D.	- 2/4.0/2025		
DCDHS was notified that the State of Wisconsin is contracting directly with ARC				Dept/Committee			proved G.P. Fo3#60/2025 Date Approved Denied		
				Department H		03/10/2015	L Green	Deflied	
Community Services for some services. This FTR will align the budget with the					Oversight Committee		HHA		
accurate contract amounts that DCDHS has with ARC for 2015.				Controller		3/11/15	201		
				County Execu	tive	3-13-15	-50		
N .				Finance Committee			0		
							. The Department Hea		