## **2017 FUND TRANSFER REQUEST FORM**

	AGENCY	Human Services Department	ORGAI	VIZATION	Fund 2600		DATE	1/24/201
	FTR:	170124-2017-03 shelter plus Incr						
<u> </u>	TRANSFER AMOUNT(S) FROM			FOR ACCOUNTING USE ONLY			<u>.</u> Y	
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance
	\$\$			BJT)	Amount	Amount	Amount	
1	\$48,817	Shelter Plus Care HUD Grant	ACFMHLTH	81550				
2								
3								
4								
5								
6								
7								
8	\$48,817	Transfer From Total			<u> </u>			
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$		Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$48,817	Housing Initiatives- Rental Assistance Prog (HUD)	ACFCRHII	AMHMAA				
2								
3								
4								
5								
6								
7								
8		Transfer To Total		_				
EXPLANATION:					ACTION			
Increa	ses the 2017	HUD Shelter Plus Care line by a total of \$48,817,	Dept/Committee Department Head		Date	Approved	Denied	
unspent balance of the grant from 2016. Awards the funds to Housing Intitiatives'						1/26/2017	L. Green	
Rental	l Assistance	program.		Oversight Committee				
	•			Controller				
				County Execu				
				Finance Committee		allor for fund availability	The Dengator and U.	od will ooc
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				