## 2017 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	IIZATION	Fund 2600		DATE	3/8/2017
	FTR:	170313-2017-06 HUD Continuum Grant				•	•	
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Nu	mber (ORGN	Budget	Encumbered	Expended	Balance
\$\$			OBJT)		Amount	Amount	Amount	
1	\$633,277	HUD Continuum of Care (COC) Grant	ACFMHLTH 81550					
2								
3								
4								
5								
6 7								
8	\$633,277	Transfer From Total						
TRANSFER AMOUNT(S) TO					F(	DR ACCOUNT	ING USE ON	V
Amo	unt in Whole	Account Title	Account Number		Budget	Encumbered	Expended	Balance
\$\$		7.000dill Tide	7 toobant 1 vanisei		Amount	Amount	Amount	Dalarioc
1		Housing Initiatives - HUD COC Grant	ACFCRHII	AMHMAA	1	1 11110 01111		
2								
3								
4								
5								
6								
7								
8		Transfer To Total		T		A OTION		
EXPLANATION:				ACTION  Dept/Committee Date Approved Denied				
The HUD Continuum of Care (COC) Grant award for Apr 2017-Mar 20						Date 3/15/2017	Approved  2. Green	Denied
\$903,490. This FTR adjusts the budget and Housing Initiatives's contract for Jan				Department Head 3/15/201' Oversight Committee		5/15/2017	L. Sreen	
Mar actuals (prior year grant) plus 9 months of the new grant award.				Controller				
				County Execu	ıtive			
				Finance Committee				
				Initial Request to be submitted to Controller for fund availability. The De responsibility for getting oversight committee approval before submitting				d will assume