2018 FUND TRANSFER REQUEST FORM

AGE	AGENCY Human Services Department		ORGANIZATION		Fund 2600		DATE	10/18/201
	FTR:	181018-2018 - 12 STR OPIOD CRISIS GRANT						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance
\$\$			OBJT)		Amount	Amount	Amount	
	,	STR OPIATE CRISIS	ACICTRMT	80062				
	0,866	STR OPIATE CRISIS	CYFCFAP	80062				
3								
4								
5								
6								
7								
8 \$122	2,729	Transfer From Total			<u> </u>			
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY			
Amount in W \$\$	/hole	Account Title	Accoun	t Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
	1,863	ALT SANCTION PROGRAM	ACICTRMT	CZOJAA				
2 \$30	0,000	JAIL OPIATE COUNSELING	ACICLMHC	CZOPAA				
3 \$2	5,112	IV DRUG C/TR	CYFCFMHC	CZIVAA				
4 \$16	6,055	IV DRUG CM	CYFCFMHC CMIVAA					
5 \$19	9,699	DETOX	CYFCRTEL	DYDEAA				
6								
7								
		Transfer To Total						
EXPLANATION:					ACTION			
The State Targeted Response to Opiod Crisis (STR) grant has been renewed in the amount				Dept/Committee		Date	Approved	Denied
of \$184,093 for a term of $5/1/18-4/30/19$. This FTR increases the revenue accounts for the				Department H	lead	10/21/2018	L. Green	
2018 portion of this grant and distributes the grant to Journey Mental Health Center and					mmittee			
Fellurian contracts.								
				Controller County Execu	ıtive	1		
				Finance Com				
					e submitted to Contro	ller for fund availability.	The Department Head	will assume

responsibility for getting oversight committee approval before submitting request.