2019 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	IIZATION	Fund 2610		DATE	6/10/2019
	FTR: 190610-2019 - 04 - MEDICATION ASSISTED TREAT		MENT (MAT) F	EVENUE				
TRANSFER AMOUNT(S) FROM					FC	OR ACCOUNT	ING USE ONL	Y
Amount in Whole		Account Title	Account	t Number	Budget	Encumbered	Expended	Balance
\$\$				N OBJT)	Amount	Amount	Amount	
1	\$25,000	Medication Assisted Treatment (MAT)	460000 85314	<u> </u>				
2								
3								
4								
5								
6								
7								
8								
9								
10	\$25,000	Transfer From Total						
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account	t Number	Budget	Encumbered	Expended	Balance
\$\$		IN III II A SA S	404000 05000		Amount	Amount	Amount	
1	\$25,000	Medication Assisted Treatment (MAT)	461000 35993	,				
2								
3								
3								
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9								
10	\$25,000	Transfer To Total						
EXPLANATION: ACTION								
Additional Medication Assisted Treatment (MAT) grant funds were awarded by the State				Dept/C	Dept/Committee Date		Approved	Denied
of Wisconsin in the amount of \$25,000, and must be spent by 6/30/19. These addition				Department Head 6/19/2019		S. Tessmann		
funds will be added to a non-contracted expense line to provide naloxone (narcan) kits				Oversight Committee				
to an estimated 30 individuals being released from the Dane County Jail.				Controller				
				County Execu	tive			
				Finance Com				
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume				
			responsibility for getting oversight committee approval before submitting request.					