2019 FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department		ORGANIZATION		Fund 2610		DATE	9/10/2019
	FTR: 190910 - 10 - MENTAL HEALTH BLOCK GRANT FUN		NDS					
TRANSFER AMOUNT(S) FROM				FOR ACCOUN			TING USE ONLY	
Amount in Whole		Account Title	Account	Number	Budget	Encumbered	Expended	Balance
\$\$				I OBJT)	Amount	Amount	Amount	
1	\$76,437	Mental Health Block Grant (MHBG)	460000 85569					
2								
3								
4								
5								
6								
7								
8								
9 10	¢70 407	Transfer From Total						
							ING USE ONL	V
		TRANSFER AMOUNT(S) TO Account Title	Account Number					
Amount in Whole		Account The	Account	Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$\$ \$76.437	JMHC Emergency Services Unit (ESU) Program	464351 35501		Amount	Amount	Amount	
2	Ψι 0,+01							
3								
4								
3								
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10		Transfer To Total						
EXPLANATION:				ACTION				
Additional Mental Health Block Grant (MHBG) funds were awarded by the State of				Dept/Committee Date		Approved	Denied	
Wisconsin in the amount of \$76,437 and must be spent by 9/30/19. These additional				Department Head 9/23/2019		S. Tessmann		
				Oversight Cor	nmittee			
				Controller	<i></i>			
				County Execu				
				Finance Comr		lor for fund availability	The Department Lies	d will accurac
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				