2019 FUND TRANSFER REQUEST FORM

| | AGENCY | Human Services Department | ORGAN | IIZATION | Fund 2610 | | DATE | 2/17/2020 | |
|--|-----------------|---|------------------|-----------------------------|--|-----------------------------|---------------------|---------------|--|
| | FTR: | FTR: 200218 - 15 FAMILY CARE/IRIS REVENUE | | | | | | | |
| TRANSFER AMOUNT(S) FROM | | | | FOR AC | | OR ACCOUNT | ACCOUNTING USE ONLY | | |
| Amount in Whole | | Account Title | | mber (ORGN | Budget | Encumbered | Expended | Balance | |
| \$\$ | | | | BJT) | Amount | Amount | Amount | | |
| 1 | \$59,393 | Family Care/Iris Revenue | 44000 | 86240 | | | | | |
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| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | \$50.303 | Transfer From Total | | | | | | | |
| TRANSFER AMOUNT(S) TO | | | | | FOR ACCOUNTING USE ONLY | | | V | |
| Amount in Whole | | Account Title | Account Number | | Budget | Encumbered | Expended | Balance | |
| \$\$ | | Account Title | / toodant Namber | | Amount | Amount | Amount | Dalarice | |
| 1 | | Crisis Intervention | 44000 | 35501 | 7 tillodit | 7 till Carit | Annount | | |
| 2 | +, | ende intervention | | | | | | | |
| 3 | | | | | | | | | |
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| 9 | | | | | | | | | |
| 10 | | Transfer To Total | | • | | | | | |
| EXPLANATION: | | | | ACTION | | | | | |
| This FTR increases Board of Regents program 1175 by \$59,393 to reflect additional | | | | Dept/Committee Date | | Approved | Denied | | |
| contingent revenue generated from Iris and Family Care billing. | | | | Department Head 2/20/2020 | | S. Tessmann | | | |
| | | | | Oversight Committee | | | | | |
| | | | | Controller County Executive | | | | | |
| | | | | Finance Comn | | | | | |
| | | | | | | ller for fund availability. | The Department Hea | d will assume | |
| | | | | | responsibility for getting oversight committee approval before submitting request. | | | | |