## 2020 FUND TRANSFER REQUEST FORM

		Human Services Department	ORGAN	IZATION	Fund 2610		DATE	4/3/2020
	FTR:	200403 - 09 MENTAL HEALTH BLOCK GRANT						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account	Number	Budget	Encumbered	Expended	Balance
	\$\$		(ORGN	I OBJT)	Amount	Amount	Amount	
1	\$152,874	Mental Health Block Grant Supplemental Award	460000	85569				
2								
3								
4								
5								
6								
7 8								
8								
10	¢152 87/	Transfer From Total						
TRANSFER AMOUNT(S) TO					FC		ING USE ONL	v
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance
\$\$			Account	Number	Amount	Amount	Amount	Dalarice
1		Journey Mental HIth Ctr - Resource Bridge	462351	35604	7 iniodini	7 thount	7 thount	
2	<i><i><i></i></i></i>		.02001					
3								
4								
3								
4								
5								
6								
7								
8								
9								
10 \$152,874 Transfer To Total								
EXPLANATION:				Dept/C	ACTION			
Mental Health Block Grant Supplemental (CARS # 533277) funds are being added to Resource Bridge to temporarily expand capacity in response to the COVID19 crisis.				Dept/Committee Date Department Head 4/22/202			Approved S. Tesmann	Denied
				Oversight Committee		©. Iessmann		
				Controller	IIIIIIIIEE			
				County Execut	ive			
				Finance Comn				
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume				
				responsibility for getting oversight committee approval before submitting request.				