

## 2021 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2610	DATE	1/7/2021	
	FTR:	210107 - 3 MISC COVD					
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$25,000	Child Abuse Network Grant	72355N 85170				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$25,000</b>	<b>Transfer From Total</b>					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$25,000	Miscellaneous Operating Expense	72355N 21640				
2		PROJECT CODE	COVID				
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$25,000</b>	<b>Transfer To Total</b>					
<b>EXPLANATION:</b> Additional funds for CAN grant of \$25,000. Funds will be used on 72355N 21640 project code COVID Non Specified for support of families needs due to COVID				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	2/2/2021	<i>S. Toemann</i>	
				Oversight Committee			
				Controller			
				County Executive			
				Finance Committee			
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.			