

2024 FUND TRANSFER REQUEST FORM

| | | | | | | | | | | | | |
|---|---------------------------|-----------------------------|-----------|--------------------------------------|---------------------|--------------------|----------------------|-----------------|--|--|--|--|
| AGENCY | Human Services Department | ORGANIZATION | Fund 2610 | | | LEGISTAR FILE # | 2024 FTR-021 | | | | | |
| Disability & Aging Services Division (DAS), Adult Protective Services | | | | | | | | | | | | |
| TRANSFER AMOUNT(S) FROM (Decrease Expenditure or Increase Revenue) | | | | | | CURRENT BALANCES | | | | | | |
| Amount in Whole \$\$ | Account Title | | | Account Code (ORG-OBJECT-PROJECT) | | Budgeted Amount | Available Balance | | | | | |
| 1 | \$60,000 | Dementia Support Monitoring | | | 43000 | 36206 | \$ 75,000.00 | \$ 75,000.00 | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| | \$60,000 | TRANSFER FROM TOTAL | | | | | | | | | | |
| TRANSFER AMOUNT(S) TO (Increase Expenditure or Decrease Revenue) | | | | | | CURRENT BALANCES | | | | | | |
| Amount in Whole \$\$ | Account Title | | | Account Code (ORG-OBJECT-PROJECT) | | Budgeted Amount | Available Balance | | | | | |
| 1 | \$60,000 | STATE MH HOSPITAL | | | 96478 | 36925 | \$ 3,775,847.00 | \$ 4,452,343.41 | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| | \$60,000 | TRANSFER TO TOTAL | | | | | | | | | | |
| EXPLANATION: (Ensure to include a complete description free of acronyms detailing what the transfer accomplishes and why it is needed.) | | | | | APPROVALS | | | | | | | |
| Adult Protective Services utilizes the State MH Hospital budget line in the Behavioral Health Budget for crisis emergency detentions in the Institutes. In 2023, all State Mental Hospital funds previously allocated to Adult Protective Services were consolidated into the BH budget line and the APS line was removed. Prior to 2024, person with Dementia were placed at the State MH Hospital. In 2024, due to enforcement of the State Statute that does not permit the placement of persons with dementia into the Institutes, persons in crisis with dementia now need to be placed in alternative settings. Due to increased utilization of State MH Hospital line funds for this purpose, additional funding from APS is needed in the State MH Hospital line for the remainder of 2024. | | | | | | DATE | APPROVED | DENIED | | | | |
| | | | | | Oversight Committee | | | | | | | |
| | | | | | Controller | | | | | | | |
| | | | | | County Executive | | | | | | | |
| | | | | | Finance Committee | | | | | | | |
| Request should be entered into Legistar using the Fund Transfer file type and released into the fund transfer approval sequence. The Controller's Office will approve and refer the request as appropriate in Legistar and obtain the Controller and County Executive approvals. Departments should follow up with their oversight committee to ensure action is taken and recorded in Legistar. | | | | | | | | | | | | |