TO: _	Earl Mathers		COUNTY M	COUNTY MANAGER		
FROM: _	5100 Dept. #	DHHS - Public He Department Nar				
	Бері. #	Беранпенска	ne			
Ē	epartment Direc	ctor's Signature	Date			
PE OF REQUES	ST:					
Line Item T	ransfer Within Depar	tment & Fund	Li	ne Item Transfer Betweer	Funds *	
Project Tran	nsfer Within Departm	nent & Fund	X	Additional Appropriation of	Funds *	
Line Item T	ransfer Between De _l	partments*	<u>* F</u>	Requires resolution by the	Board of Commissioners	
			Resolutio	n #	Date	
		ACCOUNT N	NUMBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept -	Fund - Dept - Subdept - Div - Acct - Subacct		Whole Dollars Only	
(As it appears in the budget) xx - xxxx - xxxx		xx - xxxx - xxxx - x	(XXX - XXX - XXX	xxxxx - xxxx	(See Note Below)	
scellaneous Revenue 11-51			1-5100-5112-5115-890-501		(\$14	
pecial Programs	i	11-5100-5112-5115	-298-000	16265-0001	\$14	
USTIFICATION For		of Health and Human-S	Services – Public	: Health Division was	s awarded funds from the	
ISE (Researchir artnership (NFP xperiences in ho	ng Implementation) staff participate me visiting prog	on Support Experiences ed in the RISE Program	s) Program, a Ho n Practices Surve be used to supp	ome Evaluation Stud by to learn more aboort the NFP staff in to	y Program. Nurse Fam ut implementation suppo eam building, profession	
PPROVAL SIGN	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Opera	tions Manager/Asst. Finar	cial Operations Mgr. Date	