		00111171			
TO: _	Earl Math	ners	COUNTY M	ANAGER	
FROM: _	5100	DHHS - Public Health	<u> </u>		
	Dept. #	Department Name			
ī	Department Direc	tor's Signature [Date		
YPE OF REQUES	ST:				
Line Item T	ransfer Within Depart	ment & Fund	Li	ne Item Transfer Between	Funds *
Project Tra	nsfer Within Departm	ent & Fund	X	additional Appropriation of F	Funds *
Line Item T	ransfer Between Dep	artments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
			Resolutio	n# [Pate
		ACCOUNT NUI	MBER	PROJECT	AMOUNT
ACCOUNT D	ESCRIPTION	Fund - Dept - Subdept - Div	- Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears	s in the budget)	xx - xxxx - xxxx - xxx	x - xxx - xxx	xxxxx - xxxx	(See Note Below)
und Balance		11-9900-991-500			(\$21,250)
pecial Programs	3	11-5100-5110-298-000)	16216-0001	\$21,250
eligible medical p Health Division's Record system.	mation Technologoroviders who desproviders qualify The agency is nters for Medica	gy for Economic and Clin monstrate Meaningful Us or for the incentives as the eligible for the incentive re and Medicaid Services	se of a certifie le Public Hea when a provi	d electronic health ro Ith Division implemen der is employed duri	ecord (EHR). The Public nts the Electronic Health ng the qualifying period,
APPROVAL SIGI	NATURES:				
County Manager/In	terim Assistant Coun	ty Manager Date	Financial Operat	tions Manager/Asst. Financ	cial Operations Mgr. Date