TO: _	TO: Earl Mathe		COUNTY M	IANAGER	
FROM: _	5867	DHHS- Social Servi	ces		
	Dept. #	Department Nam	е		
Ī	Department Directo	r's Signature	 Date		
		1 3 Oignature	Duto		
TYPE OF REQUES	ST:				
X Line Item T	ransfer Within Departm	ent & Fund	Li	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund			Additional Appropriation of Funds *		
Line Item T	ransfer Between Depar	tments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
			Resolutio	n #	Date
		ACCOUNT N	UMBER	PROJECT	AMOUNT
ACCOUNT D	DESCRIPTION	Fund - Dept - Subdept - D	iv - Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears	s in the budget)	xx - xxxx - xxxx - xx	xx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Other Contracts/Subsidy-State FC 2		20-5867-5861-699-00	00		285,000
Public Asst Paym	ent-IVE FC	20-5867-5441-475-00	00		(185,000)
Adoption Assistar	nce	20-5867-5471-475-00	01		(55,000)
Family Reunification		20-5867-298-000		17099-0001	(40,000)
Special Foster Home Contracts		20-5867-5863-699-00	00		(5,000)
JUSTIFICATION F		253 children in foster	care with 211	children in paid place	ements. As of February,
2017, we now ha	ave 342 children in	n foster care and of the	hese 253 are i	n paid placements. T	This is an increase of 42 1,000 per month and now
					\$81,000 per month. Due verspending. Therefore,
		within the Children Res			
APPROVAL SIGI	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Opera	tions Manager/Asst. Financ	cial Operations Mgr. Date
			Interim Budget A	Administrator	Date
Note: Decreases i			<b>5</b> · ·		