TO: _	Earl Mathers		COUNTY MANAGER		
FROM: _	5100 Dept. #	DHHS - Public Hea Department Nam			
D	epartment Direc	tor's Signature	Date		
YPE OF REQUES	ST:				
Line Item Tr	ransfer Within Depar	tment & Fund		ine Item Transfer Between	Funds *
Project Trar	nsfer Within Departm	ent & Fund	X	Additional Appropriation of	Funds *
Line Item Tr	ransfer Between Dep	partments*	<u>* F</u>	Requires resolution by the	Board of Commissioners
			Resolutio	on #	Date
		ACCOUNT N	UMBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget) iscellaneous Revenue		11-5100-5112-5115-		XXXXX - XXXX	(See Note Below)
pecial Programs		11-5100-5112-5115-		16265-0001	\$
	nty Department	of Health and Human-S			
artnership (NFP) xperiences in ho evelopment, and	) staff participate me visiting prog I work with the N	on Support Experiences) ed in the RISE Program rams. These funds will be FP families. These are	Practices Surve be used to supp	ey to learn more about	ut implementation supp
PPROVAL SIGN	NATURES:				
County Manager/Int	terim Assistant Cour	ty Manager Date	Financial Opera	tions Manager/Asst. Finan	cial Operations Mgr. Date