	GAST	ON COUNTY BUDG	SET CHAN	IGE REQUEST		
TO: _	Earl Mathers		_COUNTY N	//ANAGER		
FROM:	5100	DHHS - Public Health				
	Dept. #	Department Name				
ī	Department Director	's Signature D	ate			
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund				ine Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item 1	Fransfer Between Departi	ments*	*	Requires resolution by the B	Board of Commissioners	
			Resolution	on # D	Pate	
		ACCOUNT NUM	IBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)	
Miscellaneous Revenue		11-5100-5112-5115-890-501			(\$380)	
Special Programs		11-5100-5112-5115-298-000		16265-0001	\$380	
RISE (Researchi	inty Department of ing Implementation	Support Experiences) P	rogram, a H	ome Evaluation Study	awarded funds from the Program. Nurse Family It implementation support	
•		ns. These funds will be families. These are nor			am building, professional	
APPROVAL SIG	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial C	perations Manager/Asst. Fina	incial Operations Mgr. Date	
			Interim Bu	udget Administrator	Date	
		reases in revenue accour note that transfers between			xpenditures & decreases in unts.	