	GAST	ON COUNTY BUDG	GET CHAN	IGE REQUEST	
TO: _	Earl Mathers		COUNTY MANAGER		
FROM:	5867	DHHS- Social Service	S		
_	Dept. #	Department Name			
Ī	Department Director	's Signature D	ate		
TYPE OF REQUES	ST:				
Line Item T	ransfer Within Departme	ent & Fund	L	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item T	ransfer Between Depart	ments*	*	Requires resolution by the B	oard of Commissioners
			Resolution	on# D	Pate
		ACCOUNT NUM	I ∕IBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		XX - XXXX - XXXX - XXXX - XXX		xxxxx - xxxx	(See Note Below)
Adoption Promotion Program		20-5867-5471-221-529			(9,000
Special Programs	•				, ,
pecial Children Adoption Program		20-5867-5471-298-000		00324-0001	9,000
JUSTIFICATION F			. D		
•		-			clusively to enhance the tion to the FY2015-2016
Social Services B		rometan range receive	a ana aopoo	nou require appropria	
APPROVAL SIGI	NATURES:				
County Manager/In	terim Assistant County N	Manager Date	Financial Opera	ations Manager/Asst. Financ	ial Operations Mgr. Date
			Interim Budget Administrator Date		
					2 4.0