

BUDGET APPROPRIATION TRANSFER REQUEST

DEPARTMENT

Health and Human Services Agency, Behavioral Health

FISCAL YEAR

5/6/2026

Date:

Due to a budget deficiency, I am requesting a transfer, or an additional appropriation as listed below:

FY25/26 The Department requests to establish budget and set expenditures for BHCIP Grant

BUDGET TRANSFER FROM:						BUDGET TRANSFER TO:					
FUND #	ORG #	ACCT #	ACCOUNT NAME	ACTV #	AMOUNT	FUND #	ORG #	ACCT #	ACCOUNT NAME	ACTV #	AMOUNT
2185	401045	481000	FUND BALANCE - ASSIGNED		0	2185	401045	723000	PROFESSIONAL & SPECIALIZED SERVICES		150,000
2185	401045	595000	OPERATING TRANSFERS IN	8380	150,000	2129	401031	795000	TRANSFER OUT	8380	150,000
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COUNTY ADMINISTRATOR

DATE _____

SIGNATURE OF REQUESTING OFFICIAL

DATE:

BOARD ACTION REQUIRED?

YES

No

Official Use Only:

AYES:

NOES:

ABSENT:

CHAIR. BOARD OF SUPERVISORS

CLERK OF THE BOARD

DATE _____

TRANSFER APPROVED

#人

White - Auditor

White - Auditor

White - Auditor

Pink - Originating Department

AUDITOR