

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )

## BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

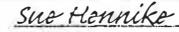
BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

DOCUMENT TOTAL	\$656,352.00
NUMBER OF LINES	16
NET TOTAL	\$0.00
	

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	CAO / HNSA

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	21-0700

DEPT CONTACT & EXT.	JEREMY APODACA x5838
---------------------	----------------------

 <small>Don Sutton (May 13, 2021 11:37 PDT)</small>	 <small>Sue Hennike (May 13, 2021 11:35 PDT)</small>
---	--

4/19/2021	PAGE 1 OF 1
-----------	-------------

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

DATE

**DIRECTIONS:**

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1								
2				SEE ATTACHED IMPORT FILE				
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

 JOE HAMA, C.F.A. - AUDITOR / CONTROLLER      DATE 5/13/2021 CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE CHIEF ADMINISTRATIVE OFFICER      DATE	APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
	SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE
	ATTEST: CLERK, BOARD OF SUPERVISORS      DATE

S:\APFORMS\BUDGET TRANSFER 2.XLS

NW  
NW

KWH  
KWH

DS  
Don Semon (May 13, 2021 11:37 PDT)

Document Total \$ 656,352.00 # of Lines 16 Net Total \$

- Department Head Signature:

Sue Hennike  
Sue Hennike (May 13, 2021 11:38 PDT)

Trsf Type	Ref3 Always T	Tsfr Number	Org	Object	Project	Type (E or F)	Project Account	Description	Debit or Credit (D or C)	Amount
B	T		1230100	5300				DEC INTERFND TFR A87 21-0700	C	\$ 50,077.00
B	T		1230200	5300				DEC INTERFND TFR A87 21-0700	C	\$ 14,252.00
B	T		1240100	5300				DEC INTERFND TFR A87 21-0700	C	\$ 21,011.00
B	T		1240110	5300				DEC INTERFND TFR A87 21-0700	C	\$ 4,008.00
B	T		1240120	5300				DEC INTERFND TFR A87 21-0700	C	\$ 11,514.00
B	T		1240130	5300				DEC INTERFND TFR A87 21-0700	C	\$ 8,530.00
B	T		1230100	7200				INC INTRAFND TFR A87 21-0700	D	\$ 50,077.00
B	T		1230200	7200				INC INTRAFND TFR A87 21-0700	D	\$ 14,252.00
B	T		1240100	7200				INC INTRAFND TFR A87 21-0700	D	\$ 21,011.00
B	T		1240110	7200				INC INTRAFND TFR A87 21-0700	D	\$ 4,008.00
B	T		1240120	7200				INC INTRAFND TFR A87 21-0700	D	\$ 11,514.00
B	T		1240130	7200				INC INTRAFND TFR A87 21-0700	D	\$ 8,530.00
B	T		5430300	1800		F	BUDGET-SUMMARY	DEC INTERFND REV A87 21-0700	D	\$ 109,392.00
B	T		5430300	5300	A87	E	BUDGET-SUMMARY	DEC INTERFND TFR A87 21-0700	C	\$ 109,392.00
B	T		1560600	1800				DEC INTERFND REV A87 21-0700	D	\$ 109,392.00
B	T		1540400	7350	A87			DEC INTRAFND ABATE A87 21-0700	C	\$ 109,392.00

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

<b>Department Name*</b>	CAO / HHS	<b>Budget Transfer Type:</b>	Transfer 1: BoS Approval
<b>Clerk*</b>	JEREMY APODACA	<b>Document total*</b>	\$ 656,352
<b>Contact phone*</b>	x 5838	<i>JA</i> JA	

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	04/19/21	<b>Check Applicable*</b>	<input type="checkbox"/> One Time (after Adopted Budget)
<b>Fiscal year</b>	20/21		<input checked="" type="checkbox"/> Continuing (include in the Adopted Budget)
<b>Short Description*</b> <small>(10 characters)</small>	A87		
<i>MG</i> MG		<b>Legistrar Item Number*</b>	21-0700
<b>* REQUIRED FIELDS</b>	<i>RD</i> RD	<b>Project Strings Required</b>	Yes

**By signing this memo I hereby certify that:**  
**1.** information herein is true and accurate to the best of my knowledge, **2.** I have been delegated signature authority in accordance with County's policies and procedures and **3.** all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

**Authorized signature\***

<i>NW</i> NW	<i>KWH</i> KWH	<i>Sue Hennike</i> Sue Hennike (May 13, 2021 11:38 PDT)	<i>DS</i> Don Semon (May 13, 2021 11:37 PDT)
-----------------	-------------------	--	---

**BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION\*** (will be scanned into FENIX TCM)

The attached budget transfer amends the current intra- and inter-fund transfers within the Chief Administrative Office, Emergency Medical Services and Emergency Preparedness and Response Division (EMS/EP); the Health and Human Services, Public Health Division (PH); and the Non-Departmental Operations (Dept 15) as they pertain to the 2 CFR 200 County Cost Plan charges (formerly known as A87 Cost Plan).

Currently, EMS/EP and PH are combined in the FY20/21 cost plan, and EMS/EP is included in the quarterly PH Cost Plan allocation journal. The EMS/EP allocated Cost Plan charges are budgeted as an inter-fund transfer from EMS/EP to the PH Special Revenue Fund. This results in Cost Plan charges being recorded in EMS/EP as an inter-fund charge. However, due to the transfer of the EMS/EP programs to the General Fund, those charges should be recorded as an intra-fund charge.

This document transfers the current appropriations for Cost Plan charges within EMS/EP from object 5300 (inter-fund transfer) to object 7200 (intra-fund transfer). Offsetting adjustments are made in Dept 15 and PH, with the result that EMS/EP Cost Plan charges will no longer be budgeted to flow through PH.

**FOR AUDITOR'S OFFICE USE ONLY**

Audit date: _____	Budget Transfer number: _____
Audited by: _____	Interfaced by: _____
	Processed on: _____