	MEN	O SHEET: BUDGET TR	ANSFER INFORMATION	
Department Name*	CAO Fiscal/Risk Management	Budget Transfer Type:	Transfer 1: Bo	S Approval
Clerk*	Paula Starr	Document total*	\$	6,500,000
Contact phone*	5880	<b>A</b> -		
BUDGET TRANSFER HEA	ADER	JA		
Prepared date*	05/12/25	Check Applicable*	One Time (after Adopted Budget)	
Fiscal year	24/25		Continuing (include in the Adopted Bu	dget)
Short Description* (10 characters)	GL BT			
		Legistrar Item Number*	25-0949	
* REQUIRED FIELDS		Project Strings Required	*	]
with County's policies a other relevant government   Kerri	and procedures and 3. all tra	Authorized si	journal are in compliance wit	ated signature authority in accordance in County policies and procedures and any
			SCRIPTION* (will be scanned in	co (May 20, 2025 08:14 PDT)
Liability Program. The Prism in the amount of inside Counsel). These	General Liability Program Po f \$2,250,000. Prism is the Co e charges are estimated to be	olicy has a self-insured rete ounty's excess insurance at \$530,000.	ention (SIR) of \$1,000,000. The uthority. Prism will also reimb	settlement will be paid from the General excess of the SIR will be reimbursed by urse for the costs of defense (outside and \$470,000) and increased revenues
		FOR AUDITOR'S OF	FICE USE ONLY	
Audit date:			Budget Transfer number:	
Audited by:			Interfaced by:	

Processed on:

	HODITOR, O	OH INCLEEN COOL	EL DONADO COCIAT I AI	I NOT THE TOTAL TRANSPILL LA LEVIEW COV. CODE,				
TRANSFER#			BUDGET TI	RANSFER REQUEST	DOCUMENT TOTAL	\$6,500,000.00		
JOURNAL#		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR		NUMBER OF LINES	4			
DATE			FIXED ASSETS REQUIRES BOS APPROVAL		NET TOTAL	\$0.00		
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS OF REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL						
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval					
DEPT NAME CAO Fiscal/Risk Management		Legistar Number & Date:						
DEPT CONTACT & EXT. Paula Starr x5880		Liaus How DEPARTMENT AND CARSHILLES GUETE		5/12/2025 DATE	PAGE 1 OF 1			
DIRECTIONS  LEAST WILLIAMS THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE  3. 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		0910000	0001			INC	\$ 470,000	INC 24/25 USE OF FUND BALANCE
2		0910000	1942	09 logien-misc		INC	\$ 2,250,000	INC 24/25 MISC REVENUE
3		0910000	1942	OGIOGEN-MISC OGIOGEN-MISC		INC	\$ 530,000	INC 24/25 MISC REVENUE
4	09401	0910000	4104	0910GEN-09SETTLE		INC	\$ 3,250,000	INC 24/25 SERVICE AND SUPPLY
5								
6								
7								
8								
9								
10								
11								
12								
_	,	JOE	HARN, C.P.A. /	AUDITOR / CONTROLLER DATE			D INCORPORATED IN THE I	OVE TRANSFERS BE MADE (AS REQUESTED OR MINUTES OF THIS MEETING OF THE BOARD OF E COUNTY OF EL DORADO
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE				SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE				
CHIEF ADMINISTRATIVE OFFICER DATE				ATTEST: CLERK, BOARD OF SUPERVISORS DATE				

S:\APFORMS\BUDGET TRANSFER 2.XLS