



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: February 25, 2019

To: Don Ashton
CAO

From: Don Semon
HHSA Director

Subject: Health and Human Services Agency Admin & Finance Division Request to Process the Attached Budget Transfer

The Health and Human Services Agency (HHS), Admin & Finance Division is requesting a budget transfer to increase appropriations in Fixed Assets and decrease appropriations in Computer Equipment. HHS is purchasing three servers and supporting items to store security camera recordings. Per Government Code (GC) Section 26202.6 we are required to maintain the video recordings for twelve months. This purchase was originally budgeted as a Computer Equipment purchase.

Increase in Appropriations:

FENIX Org 5000000

Object: 6042 – Fixed Asset: Computer System Equipment \$50,000
PL String: 50ADMN0000-50OPEXP-50100-WS

Decrease in Appropriations:

FENIX Org 5000000

Object: 4462 – Equipment: Computer (\$ 50,000)
PL String: 50ADMN0000-50OPEXP-50100-WS

Signature: _____

Date: _____

2-27-19

| AUDITOR / CONTROLLER'S USE | |
|----------------------------|--|
| TRANSFER # | |
| DATE | |
| CODE BY | |

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency -Administration

DEPARTMENT OR AGENCY NAME

| TO BE COMPLETED BY THE DEPARTMENT | |
|-----------------------------------|---|
| DOCUMENT TOTAL | - |
| NUMBER OF LINES | 2 |
| TRANSACTION CODE TOTAL* | |

I HEREBY REQUEST AND CERTIFY THAT THE TRANSFER OF APPROPRIATIONS AND/OR ESTIMATED REVENUES LISTED ON THIS FORM ARE BETWEEN INDEX CODES WITH THE SAME FUND STRUCTURE, AND WITHIN THE SAME DEPARTMENT. THIS TRANSFER WILL NOT INCREASE OR DECREASE THE TOTAL DEPARTMENTAL APPROVED BUDGET.

2/25/2019

DATE

Dull _____
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*

* 002 = INCREASE ESTIMATED REVENUE
* 003 = DECREASE ESTIMATED REVENUE

* 013 = INCREASE IN APPROPRIATION / CAO APPROVED
* 014 = DECREASE IN APPROPRIATION / CAO A APPROVED

| S F X | D/C | FENIX ORG NUMBER | GL Project | OBJECT NUMBER | PL String | AMOUNT | DESCRIPTION (50 CHARACTERS MAX.) |
|-------------|-----|---------------------|---------------|------------------|--------------------------------------|----------|-----------------------------------------------|
| 1 | C | 5000000 | | 4462 | 50ADMN0000- 50OPEXP - 50100-WS | (50,000) | FY 18-19 HHSA Admin decr Computer Equipment |
| 2 | D | 5000000 | | 6042 | 50ADMN0000- 50OPEXP - 50100-WS | 50,000 | FY 18-19 HHSA Admin inc Fixed Asset -Computer |
| 3 | | | | | | | |
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REVIEWED
FOR
FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

CHIEF ADMINISTRATIVE OFFICE - ANALYS DATE

CHIEF ADMINISTRATIVE OFFICE 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: CHAIRMAN, BOARD OF SUPERVISORS DATE

ATTEST: CLERK, BOARD OF SUPERVISORS