

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

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	\$170,000.00
NUMBER OF LINES	3
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA, Community Services, LIHEAP

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	#21-0276 3/16/21

DEPT CONTACT & EXT.	Nita Wracker, ext. 6933
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Nita Wracker, CSR
 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

2/11/2021	PAGE 1 OF 1
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	52301	5210100	3000	Budget-Summary		DEC	\$ 85,000	FY20-21 Dec Exp Salaries
2	52401	5210100	4266	Budget-Summary		INC	\$ 70,000	FY20-21 Inc Exp Printing Svcs
3	52601	5210100	6040	Budget-Summary		INC	\$ 15,000	FY20-21 Inc Exp Fixed Assets
4								
5								
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7								
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9								
10								
11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER _____ CHIEF ADMINISTRATIVE OFFICE - ANALYST	_____ DATE 2/15/21 _____ DATE
_____ CHIEF ADMINISTRATIVE OFFICER	_____ DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMMENDED) 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

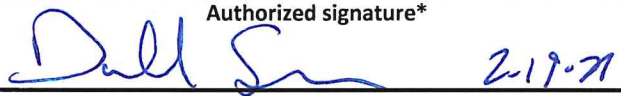
MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA, Community Services, LIHEAP	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 170,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	02/11/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2021	
Short Description* <small>(10 characters)</small>	LIHEAP	
Legistrar Item Number*	#21-0276 3/16/21	
* REQUIRED FIELDS	Project Strings Required:	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.

Notawracker, CFO
 Authorized signature* 2-17-21

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

The Health and Human Services Agency (HHSA), Community Services Division (CSD), LIHEAP Program, is requesting a budget transfer to move savings from Salaries to Printing Services and Fixed Assets due to an unexpected increase in costs.

The increase in Printing Services costs is due to increasing outreach efforts for the Low Income Heating and Energy Program (LIHEAP).

The Fixed Asset is a replacement insulation blower used for insulating attics for low income Weatherization Program beneficiaries. This is an integral piece of equipment for the Weatherization Program.

There is no impact to General Fund.

FOR AUDITOR'S OFFICE USE ONLY

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