



EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

**MEMO**

**Date:** November 13, 2018

**To:** Don Ashton  
CAO

**From:** Patricia Charles-Heathers, Ph.D.  
HHSA Director

**Subject:** Health and Human Services Agency Community Services Division Request to Process the Attached Budget Transfer

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The Health and Human Services Agency (HHSA), Community Services Division (CSD), is requesting a budget transfer to increase State and Interest Revenues, and increase Support and Care of Persons Appropriations for the pass through of State funding to Mother Lode Rehabilitation Enterprises, Inc. (M.O.R.E.). The funding is ongoing and is to support homelessness efforts in our County.

**Increase in Revenues:**

FENIX Org 5210180

Object: 0880 – State: Other

(\$ 55,212)

PL String: NONE

FENIX Org 5210180

(\$1,000)

Object: 0400 – Interest

PL String: NONE

**Increase in Appropriations:**

FENIX Org 5210180

Object: 5000 – Support and Care of Persons

\$ 56,212

PL String: NONE

*yes*  
Signature: Patricia Charles-Heathers

Date: 11/21/18

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

TO BE COMPLETED BY THE DEPARTMENT

# BUDGET TRANSFER REQUEST #1

HHSa - Community Services

DEPARTMENT OR AGENCY NAME

DOCUMENT TOTAL	-
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	NA

DATE: 11/13/2018

CODE BY: *npk*

DATE: 11/20/18

SIGNATURE: *Patricia Charles-Hobbs*

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  
 \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S	F	X	D/C	FEMIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
			1	C	5210180	0880	(55,212)	FY 18-19 Inc Rev MORE Funding Agreement	
			2	C	5210180	0400	(1,000)	FY 18-19 Inc Interest MORE Funding Agreement	
			3	D	5210180	5000	56,212	FY 18-19 Inc Sup and Care MORE Funding Agreement	
			4						
			5						
			6						
			7						
			8						
			9						
			10						
			11						
			12						
			13						

REVIEWED FOR FORMAT BY: JOE HARN, C.P.A. AUDITOR / CONTROLLER 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

CHIEF ADMINISTRATIVE OFFICE - ANALYST \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_ ATTEST: CLERK, BOARD OF SUPERVISORS \_\_\_\_\_