

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	SHERIFF	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Monica Ferguson	Document total*	\$ 190,000
Contact phone*	X7613		

BUDGET TRANSFER HEADER

Prepared date*	01/00/00	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	25/26	
Short Description* <small>(10 characters)</small>	Realloc	
		Legistar Item Number* 26-0404 03/10/2026

*** REQUIRED FIELDS**

Project Strings Required	Yes
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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*

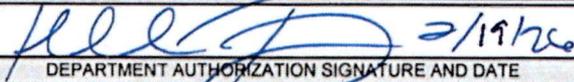

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

The Sheriff's Office is requesting the re-allocation of \$95,000 from professional services to fixed asset-equipment to purchase medical booths. These booths will be used for the following:

- Secure and confidential telehealth appointments
- Behavioral health assessments and counseling
- Case management and reentry planning services
- Coordination with community-based pr
- Increased access to PATH-funded programming

FOR AUDITOR'S OFFICE USE ONLY

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

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL		\$190,000.00	
TRANSFER #		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		NUMBER OF LINES		2			
JOURNAL #				NET TOTAL		\$0.00			
DATE									
INPUT BY									
TO BE COMPLETED BY DEPARTMENT				Budget Transfer Type:		Transfer 1: BoS Approval			
DEPT NAME		SHERIFF		Legistar Number & Date:		26-0404 03/10/2026			
DEPT CONTACT & EXT.		Monica Ferguson X7613		 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		DATE		PAGE 1 OF 1	

DIRECTIONS:

1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
3. IF BUDGET TRANSFER EXCEEDS 12 LINES, USE IMPORT FILE AND 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	24400	2430300	4300	2430GEN-2403250-C40SERSUP-WS		DEC	\$ 95,000	DEC PROF SERVICES
2	24600	2430300	6040	2430GEN-2403250-C60FA-WS		INC	\$ 95,000	INC FA EQUIPMENT
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align: center;">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</p> <p>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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S:\V\FORMS\BUDGET TRANSFER 2.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT