

AUDITOR / CONTROLLER'S USE

TRANSFER # *TR20260003*

JOURNAL # *2026-08-1995*

DATE *08-25-26*

INPUT BY *KB*

TO BE COMPLETED BY DEPARTMENT

DEPT NAME HHSA

DEPT CONTACT & EXT. Maki Ganno x4893

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: 26-0381, 4/21/26

Olivia Byron-Cooper

Olivia Byron-Cooper (FAB) DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

DIRECTIONS:

1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISLATOR MASTER REPORT

2. REMOVE 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		5410120	1101	Budget-Summary			INC	130,000	FY25-26 INC FED REV PHEP	
	2		5410120	3000	Budget-Summary			INC	90,000	FY25-26 INC SAL PHEP	
	3		5410120	4500	Budget-Summary			INC	8,000	FY25-26 INC SP DEP EXP PHEP	
	4		5410120	5000	Budget-Summary			INC	32,000	FY25-26 INC SUP&CARE PHEP	
	5		5410130	1101	Budget-Summary			INC	15,000	FY25-26 INC FED REV PHEP CRI	
	6		5410130	3000	Budget-Summary			INC	15,000	FY25-26 INC SAL PHEP CRI	
	7										
	8										
	9										
	10										
	11										
	12										

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

DATE: 4/21/2026

SIGNATURE: CHAIR, BOARD OF SUPERVISORS

DATE: 4/21/2026

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE: 3-3-2026

DATE: 2/17/26

DATE: 2/18/26

JOE HANN, C.D.A. AUDITOR / CONTROLLER

CHIEF ADMINISTRATIVE OFFICE - ANALYST

CHIEF ADMINISTRATIVE OFFICER