

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

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	\$1,080,000.00
NUMBER OF LINES	4
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA - Social Services

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	#21-0276 3/16/2021

DEPT CONTACT & EXT.	Nita Wracker x6933
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N. Wracker *Julia* *2-19-21*

2/9/2021	PAGE 1 OF 1
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DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

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		5180820	0606			INC	\$ 270,000	Inc Rev State CW MOE
2	51O23	5180820	7000			INC	\$ 270,000	Inc Exp Op Tsfr Out CW MOE
3		5120200	2020	BUDGET-SUMMARY		INC	\$ 270,000	Inc Rev Op Tsfr In CW MOE
4		5120200	7100 1023	BUDGET-SUMMARY		DEC	\$ 270,000	Dec Rev Federal CW MOE Foster Care
5								
6								
7								
8								
9								
10								
11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER <i>Joe Harn</i> CHIEF ADMINISTRATIVE OFFICE - ANALYST	DATE 3/1/21
_____ 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

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE

DATE

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA - Social Services	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Kristy Monroe	Document total*	\$ 1,080,000
Contact phone*	530-736-8981		

BUDGET TRANSFER HEADER

Prepared date*	02/09/21	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>	CW MOE		
		Legistar Item Number*	#21-0276 3/16/2021
* 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.

D. Wracke *Dell Smith* 2-19-21
 Authorized signature*

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

CalWORKs MOE revenue for CW Cash Assistance is coming in higher than budgeted. Costs are not increasing over budget, so the increased CW MOE revenue will be offset with decreased federal revenue. This budget adjustment has no General Fund impacts.

FOR AUDITOR'S OFFICE USE ONLY

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