


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$1,000,000.00
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	HHS - Behavioral Health	Legistar Number & Date:	24-1105 8/13/2024				
DEPT CONTACT & EXT.	Kimberly McAdams x6932	 <small>Olivia Byron-Cooper (Jul 2, 2024 09:58 PDT)</small>	07/02/2024	6/7/2024	PAGE 1 OF 1		
		<small>DEPARTMENT AUTHORIZATION SIGNATURE AND DATE</small>		<small>DATE</small>			

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, 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		5310150	0880	BUDGET-SUMMARY		INC	\$ 500,000	FY 24/25 Inc State Other
2	53603	5310150	6045	BUDGET-SUMMARY		INC	\$ 500,000	FY 24/25 Inc Fixed Assets Veh
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<p>_____</p> <p style="text-align: center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____</p> <p style="text-align: center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____</p> <p style="text-align: center;">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>_____</p> <p style="text-align: center;">SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____</p> <p style="text-align: center;">ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA - Behavioral Health	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Matthew LePore	Document total*	\$ 1,000,000
Contact phone*	(530) 295-6909		

BUDGET TRANSFER HEADER


Prepared date*	06/07/24	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	24/25	
Short Description* <small>(10 characters)</small>	CCMU Vans	
		Registrar Item Number* 24-1105 8/13/2024

* 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*


 Olivia Byron-Cooper (Jul 2, 2024 09:58 PDT)

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

The Health and Human Services Agency (HHSA), Behavioral Health Division (BHD) is requesting a budget transfer to increase Fixed Assets - Vehicles and State Revenue Other to purchase two vans and convert them into mobile offices to operate two Crisis Care Mobile Unit (CCMU) teams in the County, one on the West Slope and on in the South Lake Tahoe area. The purchase and conversion of these vans is 100% funded by the State's Behavioral Health Continuum Infrastructure Program (BHCIP) CCMU Early Implementation Grant awarded to EDC HHSA BHD on December 8, 2022. These vehicles were not included in the Recommended FY 24-25 Budget, as the State deadline to acquire the vehicles had been set at June 30, 2024. However, the State has now extended the deadline to acquire the vehicles to November 1, 2024 and the HHSA BHD has lined up a vendor that is able to meet that deadline.

There is no NCC associated with this budget transfer.

FOR AUDITOR'S OFFICE USE ONLY

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

Document Total \$ - # of Lines 0 Net Total \$ - Department Head Signature:

Trsf Type	Ref3 Always T	Tsfr Number	Org	Object	Project	Type (E or F)	Project Account	Description	Debit or Credit (D or C)	Amount
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