


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
TRANSFER #		<b>BUDGET TRANSFER REQUEST</b>  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	<b>\$2,316,720.00</b>
JOURNAL #				NUMBER OF LINES	<b>2</b>
DATE				NET TOTAL	<b>\$0.00</b>
INPUT BY					
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:		Transfer 1: BoS Approval	
DEPT NAME	HHSA - Behavioral Health	Legistar Number & Date:		25-1264 7/29/2025	
DEPT CONTACT & EXT.		Kimberly McAdams x6932		 <small>Olivia Byrnes-Cooper (Jul 10, 2025 10:02 PDT)</small>	
				07/10/2025	
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE				7/10/2025	PAGE 1 OF 1
DATE					
<b>DIRECTIONS:</b> 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	0002	BUDGET-SUMMARY		INC	\$ 1,158,360	FY 24/25 Inc From Reserves
2	53V03	5310150	7700	BUDGET-SUMMARY		INC	\$ 1,158,360	FY 24/25 Inc Appro for Cntgncy
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> <span>JOE HARN, C.P.A. AUDITOR / CONTROLLER</span> <span>DATE</span> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> <span>CHIEF ADMINISTRATIVE OFFICE - ANALYST</span> <span>DATE</span> </div> </div> <div style="border-bottom: 1px solid black;"> <div style="display: flex; justify-content: space-between;"> <span>CHIEF ADMINISTRATIVE OFFICER</span> <span>DATE</span> </div> </div>	<div style="text-align: center; padding: 10px 0;"> 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 </div> <div style="border-bottom: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> <span>SIGNATURE: CHAIR, BOARD OF SUPERVISORS</span> <span>DATE</span> </div> <div style="border-bottom: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> <span>ATTEST: CLERK, BOARD OF SUPERVISORS</span> <span>DATE</span> </div>
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S:\APFORMS\BUDGET TRANSFER 2.XLS

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\*

\$

2,316,720

Contact phone\*

(530) 295-6909

## BUDGET TRANSFER HEADER

Prepared date\*

07/10/25

Fiscal year

24/25

Short Description\*

(10 characters)

PRUDNTRSRV

Check Applicable\*

☒ One Time (after Adopted Budget)☐ Continuing (include in the Adopted Budget)

Legistar Item Number\*

25-1264 7/29/2025

\* REQUIRED FIELDS

Project Strings Required

No

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 10, 2025 10:02 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 From Reserves and increase Appropriation for Contingencies to reduce the MHSA Prudent Reserve to the level recently assessed and provided to the State Department of Health Care Services.

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: