


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		<h1 style="margin: 0;">BUDGET TRANSFER REQUEST</h1>		DOCUMENT TOTAL	\$51,000.00
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 A			Legistar Number & Date:	25-1083 7/29/25		
DEPT CONTACT & EXT.	Valerie Ladowski ext 7174			 <small>DEPARTMENT AUTHORIZATION SIGNATURE AND DATE</small>		6/24/2025	PAGE 1 OF 1
						<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		5210140	0880	Budget-Summary		INC	\$ 25,500	FY25/26 State Rev SN
2	52620	5210140	6040	Budget-Summary		INC	\$ 25,500	FY25/26 Fixed Assets Sr Nut
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11								
12								

<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>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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MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 51,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	06/24/25	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>	SR NUT		
		Registrar Item Number*	25-1083 7/29/25
* 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.

Authorized signature*


[Olivia Byron-Cooper \(Jun 30, 2025 14:30 PDT\)](#)

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

The Health and Human Services Agency (HHS), Community Services Division (CSD), AAA Senior Nutrition Program, is requesting a budget transfer to increase State Revenue received for AAA ARPA funding that will cover Fixed Assets purchase in the amount of \$24K. The appropriations increase to the AAA Senior Nutrition Program is to expend one-time AAA ARPA funding being received for Senior Nutrition. Purchase was made in FY 24/25 but vendor informed us items will not be delivered until FY 25/26.

Fixed Assets:

Traulsen G31010 Storage Freezer \$12,000
 Wolf Convection Oven \$13,500
 Total \$25,500

There is no net impact to county general fund.

FOR AUDITOR'S OFFICE USE ONLY

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