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EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: April 10, 2019

To: Don Ashton
CAO

From: Don Semon
HHSA Director

Subject: Health and Human Services Agency Social Services Department Request to Process the Attached Budget Transfer

zck

The Health and Human Services Agency (HHS), Social Services Department (SSD), is requesting a budget transfer to increase revenue and appropriations to the Child Poverty and Family Support Special Revenue Account; and to decrease State General Fund to Social Services Operating Account. This request is necessary due to a change in the funding for CalWORKs Administrative Programs according to County Fiscal Letter (CFL) 18/19-17; and also to make budget adjustments that HHS was not able to make during the Addenda process. A portion of the State General Fund for the CalWORKs Single Allocation funding is being replaced with funding from the Child Poverty and Family Support Subaccount; in addition, an increase to the beginning Fund Balance and Use of Money revenue sources is necessary. There is no net effect to County General Fund.

Increase in Revenues:

FENIX Org 5180830	
Object: 0001 – Fund Balance	(\$65,660)
PL String: None	
FENIX Org 5180830	
Object: 0400 – Use of Money	(\$19,147)
PL String: None	
FENIX Org 5180830	
Object: 0546 – State VLF: Social Services	(\$636,163)
PL String: None	
FENIX Org 5180830	
Object: 0606 – State ST: Social Services	(\$103,949)
PL String: None	
FENIX Org 5110100	
Object: 2027 – Op Tsfr In: Sales Tax	(\$824,919)
PL String: 51ADMINCW0-51210-50200-51CW	

Increase in Appropriations:

FENIX Org 5180830	
Object: 7000 – Op Tsfr Out	\$824,919
PL String: None	

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health & Human Svc Agency - SS
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	0
TRANSACTION CODE TOTAL*	0

3/15/2019
DATE

yes Dell S
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*
 * 002 = INCREASE ESTIMATED REVENUE * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 003 = DECREASE ESTIMATED REVENUE * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	ORG CODE	GL PROJ	SUB OBJECT NUMBER	PL STRING	AMOUNT	DESCRIPTION <small>(50 CHARACTERS MAX.)</small>
1	C	5180830		0001		(65,660)	FY 18-19 Inc Fund Balance True Up
2	C	5180830		0400		(19,147)	FY 18-19 Inc Int Rev True Up
3	C	5180830		0546		(636,163)	FY 18-19 Inc State VLF Rev CWSA
4	C	5180830		0606		(103,949)	FY 18-19 Inc State ST Rev CWSA
5	D	5180830		7000		824,919	FY 18-19 Inc Op Tsfr Out CWSA
6	C	5110100		2027	51ADMINCW0-51210-50200-51CW	(824,919)	FY 18-19 Inc Op Tsfr In CWSA
7	D	5110100		0580	51ADMINCW0-51500-50200-51CW	824,919	FY 18-19 Dec State Rev CWSA
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTRC _____ DATE _____

CHIEF ADMINISTRATIVE OFFICE - AN/ _____ DATE _____

CHIEF ADMINISTRATIVE OFFICE _____ DATE _____

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

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE _____

ATTEST: CLERK, BOARD OF SUPERVISORS _____