



**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

MEMO

Date: January 7, 2016

To: Larry Combs
Interim CAO

From: Don Ashton, M.P.A. 
Director

Subject: Request to process attached Budget Transfer for the Health and Human Services Agency –
Social Services Division

SOCIAL SERVICES DIVISION – (SSD)

Additional Information/Justification:

On December 2, 2015, the CA Department of Social Services issued a letter awarding the FY 2015-16 allocation for the administration of the Foster Parent Recruitment, Retention and Support Program (FPRRS) for El Dorado County. The County's total allocation is \$96,430. The administration of the program will utilize a combination of case management, foster parent training, and foster parent support to increase the number of foster family homes within the County. AB403, approved on October 11, 2015, is driving significant reform of California's foster care system. The legislation requires the elimination of long term group home foster care placement through increasing youth placements in family settings. Counties are required to provide targeted recruitment, training and support of family caregivers in order to increase county foster homes and kinship placements.

The program is funded with State and Federal revenue, with no impact to County General Fund.

Revenue Increase:

Index Code	Sub-Object	Description	Amount
530930	0580	State: Admin Public	\$ 65,090
530930	1000	Federal: Admin Public	\$ 31,340
Total:			\$ 96,430

Appropriations Increase:

Index Code	Sub-Object	Description	Amount
530900	3000	Permanent Employee	\$ 43,133
530900	4500	Special Department Expense	\$ 37,700
530500	7200	Interfund Transfer	\$ 15,597
Total:			\$ 96,430

Signature:  _____

Date: 1/11/16 _____

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Social Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	192,860
NUMBER OF LINES	005
TRANSACTION CODE TOTAL*	037

1/7/2016
DATE

[Signature]
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

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	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	530930	0580		65,090	FY 15/16 BUD REV - FPRRS
2	002	530930	1000		31,340	FY 15/16 BUD REV - FPRRS
3	011	530900	3000		43,133	FY 15/16 BUD REV - FPRRS
4	011	530900	4500		37,700	FY 15/16 BUD REV - FPRRS
5	011	530500	7200		15,597	FY 15/16 BUD REV - FPRRS
6						
7						
8						
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10						
11						
12						
13						

REVIEWED FOR FORMAT BY

 JOE HARN, C.P.A. AUDITOR / CONTROLLER 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

 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE

 CHIEF ADMINISTRATIVE OFFICE DATE

 ATTEST: CLERK, BOARD OF SUPERVISORS