



EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date:

April 9, 2019

To:

Don Ashton

CAO

From:

Don Semon

HHSA Director

Subject:

Health and Human Services Agency Public Health Department Request to Process the Attached Budget Transfer

The Health and Human Services Agency (HHSA), Public Health Department, is requesting a budget transfer to increase the fund balance to account for the FY 17/18 remaining balance and increase Operating Transfers Out to the Public Health Admin Operating Account. A percentage of these funds may also be transferred to the Animal Services and Environmental Management Departments. The revenue transferred to the PH operating account will be placed in contingency for the South Lake Tahoe campus project.

Increase in Revenues:

FENIX Org 5480800

Object: 0001 - Fund Balance

(\$916,000)

FENIX Org 5400000

Object: 2021 - Operating Transfer Vehicle License

(\$916,000)

PL String: 54ADMN0000-54200-50300 /

Increase in Appropriations:

FENIX Org 5480800

Object: 7000 - Operating Transfer Out

\$916,000

FENIX Org 5400000

Object: 7700 – Appropriation for Contingency

\$ 916,000

PL String: 54ADMN0000-54ADMIN40-50300-WS

Signature:

Date: 4-24-19

| AUDITOR / CONTROLLER'S USE | | | R'S USE | EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE) | | | TO BE COMPLETED BY THE DEPARTMENT | |
|---|-----|---------------------------------------|----------------------|---|---|--|---|---------------|
| TRANSFER# | | r | | BUDGET TRANSFER REQUEST #1 | | | DOCUMENT TOTAL | - |
| DATE | | | | HHSA - Public Health | | | NUMBER OF LINES | 4 |
| CODE BY | | | | DEPARTMENT OR AGENCY NAME | | | TRANSACTION CODE TOTAL* | NA NA |
| | | 1/9/2019 DATE |] | Towns | DIMENTALITUODIZATION | Dall Sa | | 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 | FENIX Org | SUB OBJECT NUMBER | PL String | AMOUNT | DESCRIPTION | (50 CHAI | RACTERS MAX.) |
| 1 | С | 5480800 | 0001 | | (916,000) | FY 18-19 PH Realignment Inc Fund Balance | | |
| 2 | D | 5480800 | 7000 | | 916,000 | FY 18-19 PH Realignment Inc Oper Trf Out | | |
| 3 | С | 5400000 | 2021 | 54ADMN0000-54200-50300 | (916,000) | FY 18-19 PH Admin Inc Opr Trnsfr In/VLF | | |
| 4 | D | 5400000 | 7700 | 54ADMN0000-54ADMIN40- 50300-WS | 916,000 | FY 18-19 PH Admin Inc Appr for Contingency | | |
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| REVIEWED FOR FORMAT BY | | APPROVED AND SO | | | | | THE ABOVE TRANSFERS B N THE MINUTES OF THIS ME OF THE COUNTY OF EL DO | |
| | | CHIEF ADMINISTRATIVE OFFICE - ANALYST | | | DATE | SIGNATURE: CHAIRMAN, BOARD | OF SUPERVISORS | DATE |
| | | CHIEF ADMINISTRATIVE OFFICE DATE | | | | ATTEST: CLERK, BOARD OF SUP | ERVISORS | |

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

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