

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )	
TRANSFER #		<b>BUDGET TRANSFER REQUEST</b>	
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL	DOCUMENT TOTAL <b>\$290,000.00</b>
DATE		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL	NUMBER OF LINES <b>6</b>
INPUT BY			NET TOTAL <b>\$0.00</b>
TO BE COMPLETED BY DEPARTMENT		<b>Budget Transfer Type:</b>	Transfer 1: BoS Approval
DEPT NAME	HHSA	<b>Legistar Number &amp; Date:</b>	26-0381, 4/21/26
DEPT CONTACT & EXT.	Maki Ganno x4893	<i>Maki</i>	<b>2/9/2026</b>
		Olivia Byron-Cooper (Feb 2026) DEPARTMENT AUTHORIZATION SIGNATURE AND DATE	DATE PAGE 1 OF 1

- 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		5410120	1101	Budget-Summary		INC	\$ 130,000	FY25-26 INC FED REV PHEP
2	54309	5410120	3000	Budget-Summary		INC	\$ 90,000	FY25-26 INC SAL PHEP
3	54409	5410120	4500	Budget-Summary		INC	\$ 8,000	FY25-26 INC SP DEP EXP PHEP
4	54509	5410120	5000	Budget-Summary		INC	\$ 32,000	FY25-26 INC SUP&CARE PHEP
5		5410130	1101	Budget-Summary		INC	\$ 15,000	FY25-26 INC FED REV PHEP CRI
6		5410130	3000	Budget-Summary		INC	\$ 15,000	FY25-26 INC SAL PHEP CRI
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE</p> <p>_____ 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>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS      DATE</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

S:\APFORMS\BUDGET TRANSFER 2.XLS

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

<b>Department Name*</b>	HHSA	<b>Budget Transfer Type:</b>	<b>Transfer 1: BoS Approval</b>
<b>Clerk*</b>	Maki Ganno	<b>Document total*</b>	<b>\$ 290,000</b>
<b>Contact phone*</b>	(530) 642-4893		

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	02/09/26	<b>Check Applicable*</b>	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
<b>Fiscal year</b>	FY 25/26		<input type="checkbox"/> Continuing (include in the Adopted Budget)
<b>Short Description*</b> <small>(10 characters)</small>	PHEP EXT	<b>Legistrar Item Number*</b>	26-0381, 4/21/26

\* REQUIRED FIELDS

<b>Project Strings Required*</b>	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 (Feb 17, 2026 09:37:46 PST)

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

The Health and Human Services Agency (HHSA) Public Health Division(PHD), is requesting a FY 2025-26 budget transfer to increase revenues and appropriations for the Public Health Emergency Preparedness (PHEP) programs due to unspent grant funds that are rolling over from the previous year. This budget adjustment will allow program to access and fully expend the funds in the current year.

Org 5410120, PHEP  
 Increase in Salary: \$90,000  
 Increase in Special Department Expense: \$8,000  
 Increase in Support and Care of Persons: \$32,000  
 Total Federal Revenue Increase: \$130,000

Org 5410130, PHEP CRI  
 Increase in Salary: \$15,000  
 Total Federal Revenue Increase: \$15,000

There is no Net County Cost (NCC) associated with this budget transfer.

**FOR AUDITOR'S OFFICE USE ONLY**

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