

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER ( 20125 GOV. CODE )

**BUDGET TRANSFER REQUEST**

TRANSFER #  
 JOURNAL #  
 DATE  
 INPUT BY

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

DOCUMENT TOTAL	\$744,000.00
NUMBER OF LINES	7
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT  
 DEPT NAME Probation

Budget Transfer Type: Transfer 1: BoS Approval  
 Legistar Number & Date: 24-0395 06/25/24

DEPT CONTACT & EXT. Deborah Dill 6082

*Handwritten signatures and initials*

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

6/7/2024 PAGE 1 OF 1  
 DATE

**DIRECTIONS:**

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 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		2570730	7000			INC	\$ 186,000	INC EXP IN SRF
2		2570730	7700			DEC	\$ 186,000	DEC CONTINGENCY FOR SRF
3		2510150	2020	25PBAD -25CCAB109 -STATE		INC	\$ 180,000	INC AB109 REVENUE
4		2510150	4300	25PBAD -25CCAB109 -25EMP -25SRVANSUP		INC	\$ 175,000	INV EXP ELEC MONITOR
5		2510150	4300	25PBAD -25CCAB109 -25GENSUPRV-25SRVANSUP		INC	\$ 5,000	INC EXP DV CLASS
6		2030000	2020			INC	\$ 6,000	INC REV ALT PUB DEF
7		2030000	4609			INC	\$ 6,000	INC EXP ALT PUB DEF
8								
9								
10								
11								
12								

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

\_\_\_\_\_  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICER DATE

\_\_\_\_\_  
 SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE

\_\_\_\_\_  
 ATTEST: CLERK, BOARD OF SUPERVISORS DATE

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

Department Name*	Probation	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	DEBORAH DILL	Document total*	\$ 744,000
Contact phone*	6082		

**BUDGET TRANSFER HEADER**

Prepared date*	06/07/24	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	FY 23/24	
Short Description* <small>(10 characters)</small>	AB109	
		Legistrar Item Number* 24-0395 06/25/24
* REQUIRED FIELDS		Project Strings Required*

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\*



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

In February 2024 the CCP Executive Committee discussed and voted to approve additional expenditures for FY 2023-2024 in the amounts of: \$180,000 for Probation for electronic monitoring and domestic violence training and \$6,000 to the Alternate Public Defender for training. (Agenda Item 24-1974.) A budget transfer is necessary to increase revenues and expenditures in the Special Revenue Fund by \$186,000 and decrease contingency by \$186,000, and to increase revenue and expenditures in the Operating Account for the approved increases.

**FOR AUDITOR'S OFFICE USE ONLY**

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