AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )				
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$840,000.00	
JOURNAL #			BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2
DATE					NET TOTAL	\$0.00
INPUT BY			BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL			
TO BE COMPLETED BY DEPARTMENT			Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME HHSA		Legistar Number & Date:	25-0430 4/22/2025			
			Oart	02/02/2025	0/04/0005	
DEPT CONTAC	T & EXI.	Valerie Ladowski ext 7174	Olivia Byron-Cooper (Mar 3, 2025 16:33 PST)	03/03/2025	2/21/2025	PAGE 1 OF 1
			DEPARTMENT AU	THORIZATION SIGNATURE AND DATE	DATE	
			EQUIRED, IF BOS, INCLUDE A COPY OF THE I	LEGISTAR MASTER REPORT		

3. IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

3. IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANA

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1		5210150	1100	Budget-Summary		INC	\$ 420,000	FY 24/25 Inc FED Revenue
2	52561	5210150	5009	Budget-Summary		INC	\$ 420,000	FY 24/25 Inc Exp Housing
3								
4								
5								
6								
7								
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				
CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE			SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE					
_		CHI	EF ADMINISTRAT	TIVE OFFICER DATE		ATTE	ST: CLERK, BOARD OF SUP	ERVISORS DATE

S:\APFORMS\BUDGET TRANSFER 2.XLS

	MEN	O SHEET: BUDGET TR	ANSFER INFORMATION		
Department Name*	HHSA	Budget Transfer Type:	Transfer 1: Bo	5 Approval	
Clerk*	Valerie Ladowski	Document total*	\$	840,000	
Contact phone*	(530) 642-7174				
BUDGET TRANSFER HEA	DER				
Prepared date*	02/21/25	Check Applicable*	Dne Time (after Adopted Budget)		
Fiscal year	24/25		Continuing (include in the Adopted Bu	dget)	
Short Description* (10 characters)	CS PHA BTR			1	
		Legistrar Item Number*	25-0430 4/22/2025		
* REQUIRED FIELDS		Project Strings Required	Yes		
	true and accurate to the be and <u>3.</u> all transfers approv		nave been delegated signatur ompliance with County polici		-
0.1		Authorized sig	nature*		
Olivia Byron-Cooper (Mar 3, 2025	16:33 PST)				
	BUDGET TRANSFER J	USTIFICATION AND DES	CRIPTION* (will be scanned in	to FENIX TCM)	
to increase federal HUI assistance payments or year's budget was base necessitating the need are projected to fund t	D revenues by \$420,000, and n behalf of its clients throug ed on spending at historical l to add additional appropria	d to increase total appropries to the second	n (CSD), Public Housing Author riations by the same amount in all of which are funded 100% rowth; however, actual spend al revenues. The PHA was awa	n obj 5009. The PHA issue by federal HUD dollars. T ling has exceeded these l	es housing The current evels,
		FOR AUDITOR'S OF			
Audit date:			Budget Transfer number:		

Interfaced by:

Processed on:

Audited by:
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25-0430 B 2 of 2