

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL		\$250,000.00			
TRANSFER #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL				NUMBER OF LINES		4			
JOURNAL #						BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NET TOTAL		\$0.00	
DATE											
INPUT BY											
TO BE COMPLETED BY DEPARTMENT				Budget Transfer Type:		Transfer 1: BoS Approval					
DEPT NAME		Probation		Legistar Number & Date:		22-2061 12/6/22					
DEPT CONTACT & EXT.		Deborah Dill X6082		DEPARTMENT AUTHORIZATION SIGNATURE AND DATE						11/14/2022	PAGE 1 OF 1
DATE											

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		2520250	0880	25PBJTC -PATH1 -STATE		INC	\$ 50,000	FY 2223 INC REV PATH 1
2	25400	2520250	4300	25PBJTC -PATH1 -25GENSUPRV-25PROFSRV		INC	\$ 50,000	FY 2223 INC PROF SRV PATH 1
3		2420220	0880	24PATH -2400050 -STATE -NA		INC	\$ 75,000	FY 2223 INC REV PATH 1
4	24400	2420220	4144	24PATH -2400300 -C40SERSUP -NA		INC	\$ 75,000	FY 2223 INC SRV PATH 1
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____</p> <p style="text-align:center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align:center;">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>_____</p> <p style="text-align:center;">SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____</p> <p style="text-align:center;">ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
---	---

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Probation	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Deborah Dill	Document total*	\$ 250,000
Contact phone*	6082		

BUDGET TRANSFER HEADER

Prepared date*	11/14/22	Check Applicable* <input type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
Fiscal year	22/23		
Short Description* <small>(10 characters)</small>	Path 1		
		Registrar Item Number*	22-2061 12/6/22
* 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)

The Probation Department (Probation) and Sheriff's Office (EDSO) received an award letter dated August 5, 2022, from the State of California-Health and Human Services Agency, Department of Health Care Services, in the amount of \$125,000 for PATH Round 1 funding.

Round 1 funding will be used for Probation and EDSO to work in collaboration with Behavioral Health and Social Services in order to identify areas of our operations and system functions requiring support and enhancement in order to improve/enhance pre-release enrollment and suspension processes in El Dorado County Correctional Facilities. The funding will primarily be utilized for the planning and mapping of each agency's processes, identifying gaps, and the required changes in order to support integration/information exchange between agencies and their case management systems.

FOR AUDITOR'S OFFICE USE ONLY

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