

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

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	\$20,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA, Community Services

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	#21-0276 3/16/21

DEPT CONTACT & EXT.	Nita Wracker, ext. 6933
---------------------	-------------------------

Nita Wracker *Dell J* *2-19-21*
 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

2/11/2021	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		5210180	0880	Budget-Summary		INC	\$ 10,000	FY20-21 Inc Rev State
2	52522	5210180	5000	Budget-Summary		INC	\$ 10,000	FY20-21 Inc Exp Support Person
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER	_____ DATE
<i>Emilia</i> CHIEF ADMINISTRATIVE OFFICE - ANALYST	<i>2/25/21</i> DATE
_____ CHIEF ADMINISTRATIVE OFFICER	_____ DATE

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	
_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS	_____ DATE
_____ ATTEST: CLERK, BOARD OF SUPERVISORS	_____ DATE

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA, Community Services	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 20,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	02/11/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2021	
Short Description* <small>(10 characters)</small>	M.O.R.E.	
		Registrar Item Number* #21-0276 3/16/21
* REQUIRED FIELDS		Project Strings Required: 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.

N. Winkler *Dull* Authorized signature* *2-19-21*

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

The Health and Human Services Agency (HHSA), Community Services Division (CSD), is requesting a budget transfer to increase State revenues and increase Support and Care of Persons appropriations due to an increase in revenues being received. HHSA is to act as a pass-through agency of funding to Mother Lode Rehabilitation Enterprises, Inc. (M.O.R.E.) for the Rental Housing Construction Program that provides rental subsidies to eligible households. The increase is due to a current year allocation increase. There is no impact to county General Fund.

FOR AUDITOR'S OFFICE USE ONLY

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