

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

21-0409 4/20/21

DOCUMENT TOTAL	\$16,980,000.00
NUMBER OF LINES	0
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HEALTH AND HUMAN SERVICES

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: #21-0276-3/16/2021

DEPT CONTACT & EXT.	Nita Wracker x6933
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N. Wracker *Dull* *2-19-21*

2/5/2021

PAGE 1 OF 1

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

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								SEE IMPORT FILE
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER <i>Joe Harn</i> _____ CHIEF ADMINISTRATIVE OFFICE - ANALYST</p>	<p>_____ DATE <i>3/1/21</i> _____ DATE</p>
<p>_____ CHIEF ADMINISTRATIVE OFFICER</p>	<p>_____ DATE</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

SIGNATURE: CHAIR, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

DATE

Document Total \$ 16,980,000.00 # of Lines 20 Net Total \$ -

Department Head Signature: *H.D. Winkler* 

Trsf Type	Ref3 Always T	Tsfr Number	Org	Object	Project	Proj Type (E or F)	Project Account	Description	Debit or Credit (D or C)	Amount
B	T		5180840	0606		F		Inc Rev State	C	\$ 1,300,000.00
B	T		5180840	7000		E		Inc Exp Op Tsfr Out	D	\$ 1,050,000.00
B	T		5180840	7258		E		Inc Exp Intrafnd Tsfr	D	\$ 250,000.00
B	T		5180810	0606		F		Inc Rev State	C	\$ 1,150,000.00
B	T		5180810	7258		E		Inc Exp Intrafnd Tsfr	D	\$ 920,000.00
B	T		5180810	7000		E		Inc Exp Op Tsfr Out	D	\$ 230,000.00
B	T		5110100	2020		F	BUDGET-SUMMARY	Inc Rev Op Tsfr In	C	\$ 1,280,000.00
B	T		5110100	1000		F	BUDGET-SUMMARY	Dec Rev Federal	D	\$ 1,280,000.00
B	T		5480800	0545		F		Inc Rev State	C	\$ 500,000.00
B	T		5480800	7258		E		Inc Exp Intrafnd Tsfr Out	D	\$ 400,000.00
B	T		5380800	7388		E		Dec Exp Intrafnd Abatement	C	\$ 1,320,000.00
B	T		5380800	7000		E		Inc Exp Op Tsfr Out	D	\$ 1,320,000.00
B	T		5380810	7388		E		Dec Exp Intrafnd Abatement	C	\$ 250,000.00
B	T		5380810	7000		E		Inc Exp Op Tsfr Out	D	\$ 760,000.00
B	T		5310100	2021		F	BUDGET-SUMMARY	Inc Rev Op Tsfr In	C	\$ 2,080,000.00
B	T		5310100	5014		E	BUDGET-SUMMARY	Inc Exp Health Services	D	\$ 2,080,000.00
B	T		5480800	7000		E		Inc Exp Op Tsfr Out	D	\$ 100,000.00
B	T		5400000	2021		F	BUDGET-SUMMARY	Inc Rev Op Tsfr In	C	\$ 100,000.00
B	T		5400000	7700		E	BUDGET-SUMMARY	Inc Exp Contingency	D	\$ 100,000.00
B	T		5380810	0680		F		Inc Rev State	C	\$ 510,000.00
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MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HEALTH AND HUMAN SERVICES	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Kristy Monroe	Document total*	\$ 16,980,000
Contact phone*	530-736-8981		

BUDGET TRANSFER HEADER

Prepared date*	02/05/21	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>	Realignmt	
		Legistar Item Number* 21-0409 4/20/21 #21-0276 3/16/2021
* 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.

Nita Wracker *Dell* Authorized signature* 2-19-21

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

HHS A Realignment receipts for Behavioral Health, Public Health and Social Services are coming in higher than budgeted. During the FY 2020-21 Adopted Budget, the State was projecting 12% - 14% Realignment collection shortages that were partially offset by a State General Fund Backfill to help mitigate cash flow shortages. Through the first half of this fiscal year, Realignment collections have been coming in at pre-pandemic levels and Counties will also be able to retain the Backfill that was issued by the State. This budget adjustment is to increase budgeted revenues and appropriations according to current State projections, and to allow for the 10% Transfer Authority from Public Health and Social Services to the Behavioral Health Division, as allowed by statute, to offset current year deficits in Behavioral Health.

Increase Revenue			
FENIX Org: 5180840	Object: 0606 State Revenue	PL String: NONE	Credit: \$ 1,300,000
FENIX Org: 5180810	Object: 0606 State Revenue	PL String: NONE	Credit: \$ 1,150,000
FENIX Org: 5480800	Object: 0545 State Revenue	PL String: NONE	Credit: \$ 500,000
FENIX Org: 5380810	Object: 0680 State Revenue	PL String: NONE	Credit: \$ 510,000
FENIX Org: 5400000	Object: 2021 Operating Tsfr In	PL String: BUDGET-SUMMARY	Credit: \$ 100,000
FENIX Org: 5310100	Object: 2021 Operating Tsfr In	PL String: BUDGET-SUMMARY	Credit: \$ 2,080,000
FENIX Org: 5110100	Object: 2020 Operating Tsfr In	PL String: BUDGET-SUMMARY	Credit: \$ 1,280,000
Decrease Revenue			
FENIX Org: 5110100	Object: 1000 Federal Revenue	PL String: BUDGET-SUMMARY	Debit: \$ 1,280,000

FOR AUDITOR'S OFFICE USE ONLY

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

Authorized signature:


 Handwritten signatures and the year 2021.

JOURNAL JUSTIFICATION AND DESCRIPTION* (continued from page 1 if needed)
Increase Appropriations

FENIX Org: 5180840	Object: 7000 Operating Tsfr Out	PL String: NONE	Debit: \$ 1,050,000
FENIX Org: 5180840	Object: 7258 Intrafund Tsfr Realignment	PL String: NONE	Debit: \$ 250,000
FENIX Org: 5180810	Object: 7000 Operating Tsfr Out	PL String: NONE	Debit: \$ 230,000
FENIX Org: 5180810	Object: 7258 Intrafund Tsfr Realignment	PL String: NONE	Debit: \$ 920,000
FENIX Org: 5480800	Object: 7000 Operating Tsfr Out	PL String: NONE	Debit: \$ 100,000
FENIX Org: 5480800	Object: 7258 Intrafund Tsfr Realignment	PL String: NONE	Debit: \$ 400,000
FENIX Org: 5380800	Object: 7000 Operating Tsfr Out	PL String: NONE	Debit: \$ 1,320,000
FENIX Org: 5380810	Object: 7000 Operating Tsfr Out	PL String: NONE	Debit: \$ 760,000
FENIX Org: 5310100	Object: 5014 Health Services	PL String: BUDGET-SUMMARY	Debit: \$ 2,080,000
FENIX Org: 5400000	Object: 7700 Appropriations for Contingency	PL String: BUDGET-SUMMARY	Debit: \$ 100,000

Decrease Appropriations

FENIX Org: 5380800	Object: 7388 Intrafund Abatement	PL String: NONE	Credit: \$ 1,320,000
FENIX Org: 5380810	Object: 7388 Intrafund Abatement	PL String: NONE	Credit: \$ 250,000