



**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

MEMO

Date: November 4, 2015
To: Larry Combs
Interim CAO
From: Don Ashton, M.P.A.
Director
Subject: Request to process attached Budget Transfer for the Health and Human Services Agency – Social Services

SOCIAL SERVICES DIVISION – (SSD)

Additional Information/Justification:

The CA Department of Social Services accepted and approved El Dorado County’s proposal for participation in the CalWORKs Housing Support Program (HSP). The lack of permanent housing has been identified as a major barrier to employment. The HSP will provide increased housing support for CalWORKs recipients who are homeless or in danger of becoming homeless. The program allocation for the fiscal year 2015-2016 is \$472,548; of which, 70% is intended to provide direct housing support to clients, and the balance will fund casework and administrative costs.

The program is funded with Federal and State revenue, and there is no impact to County General Fund.

Revenue Increase:

Index Code	Sub-Object	Description	Amount
530710	1000	Federal: Admin Public	\$ 472,548

Appropriations Increase:

Index Code	Sub-Object	Description	Amount
530700	5009	Housing	\$ 330,784
530700	4300	Professional and Specialized Services	\$ 50,000
530900	3000	Permanent Employee	\$ 91,764
Total:			\$ 472,548

Signature:

Date: 11/10/15

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency, Social Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	945,096
NUMBER OF LINES	004
TRANSACTION CODE TOTAL*	035

10/30/2015

DATE

11/10/15 [Signature]

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*

- * 002 = INCREASE ESTIMATED REVENUE
- * 003 = DECREASE ESTIMATED REVENUE

- * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	530710	1000		472,548	FY 15/16 BUD REV
2	011	530700	5009		330,784	FY 15/16 BUD REV
3	011	530700	4300		50,000	FY 15/16 BUD REV
4	011	530900	3000		91,764	FY 15/16 BUD REV
5						
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13						

REVIEWED
FOR
FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER _____ DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) 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: CHAIRMAN, BOARD OF SUPERVISORS _____ DATE

CHIEF ADMINISTRATIVE OFFICE _____ DATE

ATTEST: CLERK, BOARD OF SUPERVISORS _____