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|---|------------------------|--|--------------------------|--------------------------------|-----------|----------------|--------------------|
| AUDITOR / CONTROLLER'S USE | | EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE) | | BUDGET TRANSFER REQUEST | | DOCUMENT TOTAL | \$90,000.00 |
| TRANSFER # | | 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 | | NUMBER OF LINES | 2 | NET TOTAL | \$0.00 |
| JOURNAL # | | | | | | | |
| DATE | | | | | | | |
| INPUT BY | | | | | | | |
| TO BE COMPLETED BY DEPARTMENT | | Budget Transfer Type: | Transfer 1: BoS Approval | | | | |
| DEPT NAME | HHSA - Social Services | Legistar Number & Date: | 23-0215 02/28/2023 | | | | |
| DEPT CONTACT & EXT. | K McAdams x 6932 |  <small>Olivia Byron-Cooper (Jan 18, 2023 11:04 PST)</small> | | Jan 18, 2023 | 1/18/2023 | PAGE 1 OF 1 | |
| DEPARTMENT AUTHORIZATION SIGNATURE AND DATE | | | | | 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 | | 5110100 | 1100 | BUDGET-SUMMARY | | INC | \$ 45,000 | Inc Fed Rev APS COVID FA |
| 2 | 51600 | 5110100 | 6045 | BUDGET-SUMMARY | | INC | \$ 45,000 | Inc FA Vehicle APS COVID FA |
| 3 | | | | | | | | |
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| <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>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* | HHSA - Social Services | Budget Transfer Type: | Transfer 1: BoS Approval |
| Clerk* | K Monroe | Document total* | \$ 90,000 |
| Contact phone* | 530-642-7119 | | |

BUDGET TRANSFER HEADER

| | | |
|---|-----------|--|
| Prepared date* | 01/18/23 | Check Applicable* <input type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget) |
| Fiscal year | 2022-23 | |
| Short Description* <small>(10 characters)</small> | APS COVID | |
| | | Registrar Item Number* 23-0215 02/28/2023 |
| * 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* |  |
| <small>Olivia Byron-Cooper (Jan 18, 2023 11:04 PST)</small> | | <small>Olivia Byron-Cooper (Jan 18, 2023 11:04 PST)</small> |

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

The Health and Human Services Agency (HHSA), Social Services Division (SSD), Adult Protective Services (APS), is requesting a budget transfer to increase Fixed Assets, in the amount of \$45K, to be fully funded with the APS COVID allocation that expires September 30, 2023. Purchases include the following:

4WD or AWD vehicle for responding to Adult Protective Services recipients' needs in rural areas.

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: | _____ |






FY 22-23 BOS BTR APS COVID

Final Audit Report

2023-01-18

| | |
|-----------------|--|
| Created: | 2023-01-18 |
| By: | Kristen Monroe (kristen.monroe@edcgov.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAA8-0N4L0IFAoU-tyJpvGPvlucyNXxycgz |

"FY 22-23 BOS BTR APS COVID" History

-  Document created by Kristen Monroe (kristen.monroe@edcgov.us)
2023-01-18 - 6:58:52 PM GMT- IP address: 207.104.47.251
-  Document emailed to Olivia Byron-Cooper (olivia.byron-cooper@edcgov.us) for signature
2023-01-18 - 6:59:39 PM GMT
-  Email viewed by Olivia Byron-Cooper (olivia.byron-cooper@edcgov.us)
2023-01-18 - 7:04:33 PM GMT- IP address: 207.104.47.251
-  Document e-signed by Olivia Byron-Cooper (olivia.byron-cooper@edcgov.us)
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-  Agreement completed.
2023-01-18 - 7:04:58 PM GMT