

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)					
TRANSFER #		BUDGET TRANSFER REQUEST					
JOURNAL #		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					
DATE							
INPUT BY							
TO BE COMPLETED BY DEPARTMENT		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Budget Transfer Type:</td> <td>Transfer 1: BoS Approval</td> </tr> <tr> <td>Legistar Number & Date:</td> <td>26-1262 7/28/2026</td> </tr> </table>		Budget Transfer Type:	Transfer 1: BoS Approval	Legistar Number & Date:	26-1262 7/28/2026
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Legistar Number & Date:	26-1262 7/28/2026						
DEPT NAME	Alternate Public Defender						
DEPT CONTACT & EXT.	Kelley Lawrie x 6729	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> <i>Elvira S. Lua-Ortiz</i> Elvira S. Lua-Ortiz (Jul 21, 2026 08:26:29 PDT) </td> </tr> <tr> <td colspan="2" style="text-align: center;">DEPARTMENT AUTHORIZATION SIGNATURE AND DATE</td> </tr> </table>		<i>Elvira S. Lua-Ortiz</i> Elvira S. Lua-Ortiz (Jul 21, 2026 08:26:29 PDT)		DEPARTMENT AUTHORIZATION SIGNATURE AND DATE	
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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, USE IMPORT FILE AND 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	20400	2020000	4313			INC	\$ 150,000	INC APPR LEGAL SVC ID
2	15V00	1530300	7700			DEC	\$ 150,000	DEC GF CONTINGENCY APD LEG SVC
3	20770	2030000	7232			INC	\$ 60	INC APPR FAC SVC REQ
4	20330	2030000	3000			DEC	\$ 60	DEC APPR SALARIES APD
5								
6								
7								
8								
9								
10								
11								
12								

DATE DATE 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
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S:\APFORMS\BUDGET TRANSFER 2.XLS

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Alternate Public Defender	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Kelley Lawrie	Document total*	\$ 300,120
Contact phone*	530-621-6729		

BUDGET TRANSFER HEADER

Prepared date*	07/17/26	Check Applicable* ☒ One Time (after Adopted Budget) ☐ Continuing (include in the Adopted Budget)
Fiscal year	FY 25/26	
Short Description* (10 characters)	Q4 ID	
	Legistar Item Number*	7/28/2026 26-1262
* REQUIRED FIELDS	Project Strings Required*	No

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*


JC
Jeremy Apodaca
Elvira S. Lua-Ortiz (Jul 21, 2026 08:28:29 PDT)

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

Due to an influx of complex cases and the necessary assignment of these cases outside of the Alternate Public Defender's office, Indigent Defense ancillary costs have significantly increased. The Department is requesting an increase in appropriations for Indigent Defense in the amount of \$150,000 from General Fund Contingency so that the remaining FY 2025-26 payments may be issued.

The budget transfer also includes a request to shift appropriates from savings under APD salaries to Facilities maintenance building and improvements as the Facilities service request billing for Q4b exceeds the available budget in character 70 by approximately \$60.

FOR AUDITOR'S OFFICE USE ONLY

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