



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: August 25, 2016
To: Don Ashton
CAO
From: Patricia Charles-Heathers, Ph.D.
HHSA Director

Subject: Health and Human Services Agency, Social Services Division Request to process attached budget transfer upon BOS approval

Health and Human Services Agency (HHSA), Social Services Division (SSD), is requesting a budget transfer for the Cal OES Victim Services Grant awarded to El Dorado County for the period FY 2016-17 through FY 2017-18. The two year grant total is \$272,638; of which, \$272,638 will be passed through to CASA El Dorado for youth victim support services. SSD is increasing Federal revenues and appropriations to Ancillary Expenses.

The overall budget for Social Services for FY 2016-17 will increase by \$136,319 for the first year of the two year grant. There is no impact to the County General Fund.

Increase in Revenue:

Index Code 530990
Sub Object 1100 Fed: Other \$ 136,319

Increase in Appropriations:

Index Code 530990
Sub Object 5012 Ancillary Services \$ 136,319

Signature:  Date: 8/31/16

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Social Services

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	272,638
NUMBER OF LINES	002
TRANSACTION CODE TOTAL*	013

8/22/2016

DATE

Salvador 8/31/16 *Estelita Charles-Heather* 621-6270

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1.00 OF 1.00

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 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 003 = DECREASE ESTIMATED REVENUE * 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	530990	1100		136,319	FY 16/17 BUD REV - CalOES County Victim Services Grant
2	011	530990	5012		136,319	FY 16/17 BUD REV - CalOES County Victim Services Grant
3						
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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 _____