



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

MEMO

Date: August 29, 2016

To: Don Ashton
CAO

From: Patricia Charles-Heathers, Ph.D.
HHSA Director

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

Health and Human Services Agency (HHSA), Public Health Division (PHD), is requesting a budget transfer to establish the grant award from the CA Dept. of Health Care Services for Medi-Cal Renewal Assistance. The allocation is \$69,772; of which, \$62,795 will be passed through to the El Dorado Community Health Center for client Medi-Cal renewal assistance. The remainder, \$6,977 is budgeted in Permanent Employees for HHSA internal administration of the grant. PHD is requesting an increase in Federal revenues and Operating Expenses and Permanent Employees appropriations.

The overall budget for Public Health for FY 2016-17 will increase by \$69,772. There is no impact to the County General Fund.

Increase in Revenue:

Index Code 405150

Sub Object 1100 Fed: Other \$ 69,772

Increase in Appropriations:

Index Code 405150

Sub Object 3000 Permanent Employees \$ 6,977

Sub Object 4501 Special Projects \$ 62,795

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

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	139,544
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	24

8/29/2016

DATE

8/30/16
8/31/16 *Extra: Charles Heath 8/31/16*

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	405150	1100		69,772	FY 16/17 BUD REV Med-Cal Renewal Assistance
2	011	405150	3000		6,977	FY 16/17 BUD REV Med-Cal Renewal Assistance
3	011	405150	4501		62,795	FY 16/17 BUD REV Med-Cal Renewal Assistance
4						
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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 _____