


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$240,936.00
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		NUMBER OF LINES	4
DATE				NET TOTAL	\$0.00
INPUT BY					
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	HHSA	Legistar Number & Date:	25-0430, 4/22/25		
DEPT CONTACT & EXT.	Maki Ganno x4893	 <small>Olivia Byron-Conger (Mar 3, 2025 16:35 PST)</small>		03/03/2025	2/20/2025 <small>DATE</small>
				<small>DEPARTMENT AUTHORIZATION SIGNATURE AND DATE</small>	<small>PAGE 1 OF 1</small>
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		5410120	1101	Budget-Summary		INC	\$ 120,468	FY24-25 INC FED REV PHEP EXT
2	54309	5410120	3000	Budget-Summary		INC	\$ 60,000	FY24-25 INC SAL PHEP EXT
3	54409	5410120	4500	Budget-Summary		INC	\$ 35,000	FY24-25 INC SP DEP EXP PHEP
4	54509	5410120	5000	Budget-Summary		INC	\$ 25,468	FY24-25 INC SUP&CARE PHEP EXT
5								
6								
7								
8								
9								
10								
11								
12								

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE </div> </div> <div style="border-bottom: 1px solid black;"> <div style="display: flex; justify-content: space-between;"> CHIEF ADMINISTRATIVE OFFICER DATE </div> </div>	<div style="text-align: center; font-weight: bold; font-size: 10pt;"> 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 </div> <div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE </div> <div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> ATTEST: CLERK, BOARD OF SUPERVISORS DATE </div>
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S:\APFORMS\BUDGET TRANSFER 2.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Maki Ganno	Document total*	\$ 240,936
Contact phone*	(530) 642-4893		

BUDGET TRANSFER HEADER

Prepared date*	02/20/25	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	FY 24/25	
Short Description* (10 characters)	PHEP EXT	
		Legistar Item Number* 25-0430, 4/22/25

* REQUIRED FIELDS

Project Strings Required* Yes

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*



Olivia Byron-Cooper (Mar 3, 2025 16:35 PST)

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

The Health and Human Services Agency (HHSA) Public Health Division(PHD), is requesting a FY 2024-25 budget transfer to increase revenues and appropriations for the Public Health Emergency Preparedness (PHEP) program due to unspent grant funds that are rolling over from the previous year. The program was moved back to HHSA from EMS this fiscal year, and this budget adjustment will allow program to access and fully expend the funds in the current year.

Increase in Salary: \$60,000

Increase in Special Department Expense: \$35,000

Increase in Support and Care of Persons: \$25,468

Total Federal Revenue Increase: \$120,468

There is no Net County Cost (NCC) associated with this budget transfer.

FOR AUDITOR'S OFFICE USE ONLY

Audit date: _____
Audited by: _____

Budget Transfer number: _____
Interfaced by: _____
Processed on: _____