

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
TRANSFER #		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL	\$300,000.00
JOURNAL #				NUMBER OF LINES	2
DATE				NET TOTAL	\$0.00
INPUT BY					
		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			
TO BE COMPLETED BY DEPARTMENT					
DEPT NAME		HHS A		Budget Transfer Type: Transfer 1: BoS Approval	
		Legistar Number & Date:		25-1057 6/24/25	
DEPT CONTACT & EXT.		Valerie Ladowski ext 7174		06/09/2025	
		Olivia Byrro-Cooper (Jun 9, 2025 08:20 PDT)		5/30/2025	
		DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		PAGE 1 OF 1	
				DATE	
<div>DIRECTIONS:</div> <div>1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT</div> <div>2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE</div> <div>3. IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST</div>					

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	52520	5210140	5000	Budget-Summary		DEC	\$ 150,000	FY25/26 SupCare of Persons SN
2	52620	5210140	6040	Budget-Summary		INC	\$ 150,000	FY25/26 Fixed Assets Sr Nut
3								
4								
5								
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10								
11								
12								

<div>JOE HARN, C.P.A. AUDITOR / CONTROLLER</div> <div>DATE</div>				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>CHIEF ADMINISTRATIVE OFFICE - ANALYST</div> <div>DATE</div>							
<div>CHIEF ADMINISTRATIVE OFFICER</div> <div>DATE</div>							
				<div>SIGNATURE: CHAIR, BOARD OF SUPERVISORS</div> <div>DATE</div>			
				<div>ATTEST: CLERK, BOARD OF SUPERVISORS</div> <div>DATE</div>			

## MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSa	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 300,000
Contact phone*	(530) 642-7174		

## BUDGET TRANSFER HEADER

Prepared date*	05/30/25	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	25/26	
Short Description* (10 characters)	SR NUT	
Legislar Item Number*		25-1057 6/24/25
* 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 (Jun 9, 2025 08:20 PDT)

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

The Health and Human Services Agency (HHSa), Community Services Division (CSD), AAA Senior Nutrition Program, is requesting a budget transfer to shift savings in Support and Care of Persons over to Fixed Assets in the amount of \$150K. The appropriations shift to the AAA Senior Nutrition Program is to expend one-time funding being received for Senior Nutrition. Purchases include the following:

Fixed Assets:

4-wheel driver SUV for Senior Nutrition - \$72.5K

144-quart Hobart Mixing Bowl - \$10K

all-wheel drive 8-passenger mini van, replacement of replace the 20+ year old Senior Shuttle - \$67.5K

There is no net impact to county general fund.

## FOR AUDITOR'S OFFICE USE ONLY

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