

TRANSFER # **TR2022150**

JOURNAL # **2022-17-1797**

DATE **6/15/22**

INPUT BY **[Signature]**

# BUDGET TRANSFER REQUEST

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

DOCUMENT TOTAL **\$3,000,000.00**

NUMBER OF LINES **4**

NET TOTAL **\$0.00**

*9th Round*

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TO BE COMPLETED BY DEPARTMENT

DEPT NAME **HSA - Behavioral Health**

Budget Transfer Type: **Transfer 1: BoS Approval**

Legistar Number & Date: **22-0786 6/28/2022**

DEPT CONTACT & EXT. **K. McAdams x6932**

*Daniel Del Monte*  
Daniel Del Monte (May 19, 2022 08:45 PDT) May 19, 2022 *[Signature]*

DEPARTMENT AUTHORIZATION SIGNATURE AND DATE **06/14/22** DATE

**DIRECTIONS:**

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 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	15470	1570710	4501	BUDGET-SUMMARY		DEC /	\$ 750,000	DEC SPEC PROJ ARPA 21-22
2	15070	1570710	7000	BUDGET-SUMMARY		INC /	\$ 750,000	INC OP TFRS ARPA 21-22
3		5310100	2020	BUDGET-SUMMARY		INC /	\$ 750,000	INC OP TFRS ARPA 21-22
4		5310100	1107	BUDGET-SUMMARY		DEC /	\$ 750,000	DEC FED MEDICAL ARPA 21-22
5								
6								
7								
8								
9								
10				<i>Rescue Plans Coronavirus Act</i>				
11								
12								

*[Signature]*  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE **4/14/22**

*[Signature]*  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE **7/5/22**

*[Signature]*  
 CHIEF ADMINISTRATIVE OFFICER 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]*  
 SIGNATURE: CHAIR, BOARD OF SUPERVISORS

DATE **6-29-22**

*[Signature]*  
 ATTEST: CLERK, BOARD OF SUPERVISORS

DATE **6-29-22**