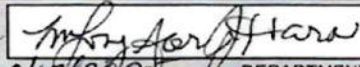
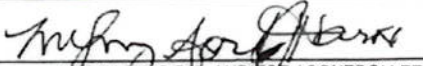




<b>AUDITOR / CONTROLLER'S USE</b>		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL		\$302,000.00	
TRANSFER #		TR2025052		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES		8	
JOURNAL #				BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NET TOTAL		<del>\$45,000.00</del>	
DATE									
INPUT BY									
<b>TO BE COMPLETED BY DEPARTMENT</b>				Budget Transfer Type:		Transfer 1: BoS Approval			
DEPT NAME		Auditor-Controller		Legistar Number & Date:		(Mid-Year Agenda Item)			
DEPT CONTACT & EXT.		Sonja Cook 411		 <small>Olivia Byron-Cooper (Feb 13, 2025 14:09 PST)</small> DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		1/25/2025		PAGE 1 OF 1	
						DATE			

**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		0300000	7232			INC ✓	\$ 1,000	INC EXP FACILITIES
2	033000	0340000	3000			DEC ✓	\$ 1,000	DEC S&B FOR FACILITIES COST
3		0340000	7350			DEC ✓	\$ 75,000	INC-ABATEMENT HHS A BILLING
4		1530300	7700			INC ✓	\$ 75,000	INC GEN FUND CONTINGENCY
6	51Q00	5110100	7200	BUDGET-SUMMARY		INC ✓	\$ 45,000	24-25 INC EXP INTRAFND TSFR AU
7	51500	5110100	5009	BUDGET-SUMMARY		DEC ✓	\$ 45,000	24-25 DEC EXP HOUSING AU
8	53501	5310100	5300	BUDGET-SUMMARY		INC ✓	\$ 30,000	24-25 INC EXP INTRAFND TSFR AU
9	53501	5310100	5014	BUDGET-SUMMARY		DEC ✓	\$ 30,000	24-25 DEC EXP HLTH SRV AU
10								
11								
12								

 JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE: 2/13/2025	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
 CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE: 2/14/25	SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE
 CHIEF ADMINISTRATIVE OFFICER DATE: 2/14/25	ATTEST: CLERK, BOARD OF SUPERVISORS DATE

S:\APFORMS\BUDGET TRANSFER 2.XLS

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

CAO FEB 13 '25 PM 5:08

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

<b>Department Name*</b>	Auditor-Controller	<b>Budget Transfer Type:</b>	<b>Transfer 1: BoS Approval</b>
<b>Clerk*</b>	Scook	<b>Document total*</b>	\$ 302,000 — <del>152,000</del>
<b>Contact phone*</b>	x5421		

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	01/25/25	<b>Check Applicable*</b> <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
<b>Fiscal year</b>	FY24/25		
<b>Short Description*</b> <small>(10 characters)</small>	MIDYEAR		
		<b>Legistrar Item Number*</b>	(Mid-Year Agenda Item)
<b>* REQUIRED FIELDS</b>		<b>Project Strings Required</b>	No

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\*  


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

Per the department's Mid-Year Memo, the department has unexpected facilities charges and is allocating \$1,000 to offset all facilities charges through the fiscal year.

Beginning January 1, 2025, the Accounts Payable division began billing HHSa for auditing specific program's invoices. The billed programs will be HHSa's Social Services, and Behavioral Health. This revenue will assist in offsetting GF salary and benefit costs incurred due to the volume and complexity of HHSa transactions. The objective is to provide additional resources in the Auditor's Office to process payments against complicated contracts with various local vendors, if needed. For FY24/25, this should reduce NCC by \$75,000.

**FOR AUDITOR'S OFFICE USE ONLY**

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