

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

TRANSFER #	
JOURNAL #	
DATE	
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

DOCUMENT TOTAL	\$17,674.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	24-1511 8/20/24

DEPT CONTACT & EXT.	Valerie Ladowski ext 7174
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 Olivia Byron-Cooper (Aug 15, 2024 12:13 PDT)

8/15/2024	PAGE 1 OF 1
DATE	

DEPARTMENT AUTHORIZATION SIGNATURE AND 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	52523	5210113	5009	Budget-Summary		DEC	\$ 8,837	FY24-25 DEC HOUSING
2	52623	5210113	6040	Budget-Summary		INC	\$ 8,837	FY24-25 INC FIXED ASSET
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____	DATE
JOE HARN, C.P.A. AUDITOR / CONTROLLER	
_____	DATE
CHIEF ADMINISTRATIVE OFFICE - ANALYST	
_____	DATE
CHIEF ADMINISTRATIVE OFFICER	

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

_____	DATE
SIGNATURE: CHAIR, BOARD OF SUPERVISORS	
_____	DATE
ATTEST: CLERK, BOARD OF SUPERVISORS	

MEMO SHEET: BUDGET TRANSFER INFORMATION


Department Name*	HHSA	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 17,674
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	08/15/24	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* <small>(10 characters)</small>	HHAP		
		Registrar Item Number*	24-1511 8/20/24
* 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 (Aug 15, 2024 12:13 PDT)

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

The Health and Human Services Agency (HHS), Community Services Division (CSD), Housing (HHAP), is requesting an addenda FY 24/25 budget transfer to shift \$8,837 in appropriations to obj 6040, with offsetting decrease to object 5009 to allow for the purchase of a fixed asset for the Navigation Center. The Navigation Center is in need of purchasing a dryer as the current one is now inoperable and unable to be repaired.

There is no additional NCC associated with this budget transfer.

FOR AUDITOR'S OFFICE USE ONLY

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