

<b>AUDITOR / CONTROLLER'S USE</b>		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL	<b>\$22,870.00</b>
TRANSFER #		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	<b>2</b>
JOURNAL #						NET TOTAL	<b>\$0.00</b>
DATE							
INPUT BY							
<b>TO BE COMPLETED BY DEPARTMENT</b>				<b>Budget Transfer Type:</b>	Transfer 1: BoS Approval		
DEPT NAME	HHSА	<b>Legistar Number &amp; Date:</b>		21-1446 9/28/21			
DEPT CONTACT & EXT.	Valerie Ladowski ext 7174	Don Semon, September 2, 2021	<i>Don Semon</i>	8/31/2021	PAGE 1 OF 1		
				DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		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		5210115	1100	Budget-Summary		INC	\$ 11,435	FY21/22 Fed Rev 2020Plan Grant
2	52423	5210115	4300	Budget-Summary		INC	\$ 11,435	FY21/22 Inc Exp 2020Plan Grant
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9								
10								
11								
12								

<p>_____</p> <p style="text-align:center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICER      DATE</p>	<p style="text-align:center;">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</p> <p>_____</p> <p style="text-align:center;">SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE</p> <p>_____</p> <p style="text-align:center;">ATTEST: CLERK, BOARD OF SUPERVISORS      DATE</p>
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**MEMO SHEET: BUDGET TRANSFER INFORMATION**

<b>Department Name*</b>	HHSA	<b>Budget Transfer Type:</b>	<b>Transfer 1: BoS Approval</b>
<b>Clerk*</b>	Valerie Ladowski	<b>Document total*</b>	<b>\$ 22,870</b>
<b>Contact phone*</b>	(530) 642-7174		

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	08/31/21	<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>	21/22		
<b>Short Description*</b> <small>(10 characters)</small>	CoC PlanGr		
		<b>Legistar Item Number*</b>	21-1446 9/28/21
<b>* REQUIRED FIELDS</b>		<b>Project Strings Required:</b>	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\*

  
 Don Semon (Sep 2, 2021 10:10 PDT)

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

The Health and Human Services Agency (HHSA), Community Services Department (CSD), is requesting a budget transfer increasing revenue and appropriations due to being awarded the CA-525 2020 Continuum of Care (CoC) Planning Grant. These funds are intended to provide consultant services to the El Dorado County CoC for homeless prevention grant planning, applications, monitoring and compliance. The grant award is in the amount of \$11,435, with an obligation from HHSA to provide \$2,859 in non-federal cash match. The cash match will be met with the State Permanent Local Housing Allocation (PLHA) Grant funds, as a portion of these funds has already been obligated for similar activities. 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:	_____