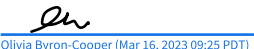


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$136,000.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2
DATE				NET TOTAL	\$0.00
INPUT BY		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL			
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	HHSA - Social Services	Legistar Number & Date:	23-0568 05/09/2023		
DEPT CONTACT & EXT.	K McAdams x 6932	 <small>Olivia Byron-Cooper (Mar 16, 2023 09:25 PDT)</small>		Mar 16, 2023	
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE				3/8/2023	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		5110100	1100	BUDGET-SUMMARY		INC	\$ 68,000	Inc Rev Fed Other CalSAWS ARPA
2	51600	5110100	6042	BUDGET-SUMMARY		INC	\$ 68,000	Inc Exp FA CalSAWS ARPA Kiosks
3								
4								
5								
6								
7								
8								
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

Department Name*	HHSA - Social Services	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Kristy Monroe	Document total*	\$ 136,000
Contact phone*	x7119		

BUDGET TRANSFER HEADER

Prepared date*	03/08/23	Check Applicable*	<input type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	FY 22/23		<input type="checkbox"/> Continuing (include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	SS ARPA		
		Legistar Item Number*	23-0568 05/09/2023
* 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*	
<small>Olivia Byron-Cooper (Mar 16, 2023 09:25 PDT)</small>		<small>Olivia Byron-Cooper (Mar 16, 2023 09:25 PDT)</small>

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

The Health and Human Services Agency, Social Services Divison (SSD), is requesting a budget transfer to increase federal revenue and fixed assets in the amount of \$68K. The SSD received an ARPA Technology Enhancements allocation through the California Health and Human Services Agency, Office of Systems Integration, Statewide Automated Welfare System Project (CalSAWS) to purchase two lobby kiosks from the CalSAWS project that will enhance customer service, decongest the lobby, and streamline the welfare application process.

Two Lobby Kiosks, including delivery, software, peripherals, installation, etc. - \$34,000/ea. = \$68,000

There is no impact to County General Fund.

FOR AUDITOR'S OFFICE USE ONLY

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