



MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO: EMS & EPR	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	JEREMY APODACA	Document total*	\$ 4,450,000
Contact phone*	X 5838		

BUDGET TRANSFER HEADER

Prepared date*	05/19/23	Check Applicable*	<input checked="" type="checkbox"/> One Time (after Adopted Budget)
Fiscal year	22/23		<input type="checkbox"/> Continuing (include in the Adopted Budget)
Short Description* <small>(10 characters)</small>	CSA3&7		
		Registrar Item Number*	23-1081 6/20/23
* 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*


 Sue Hennike (Jun 9, 2023 12:32 PDT)

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


The attached document amends the Fiscal Year 2022-23 budget as follows:

Lines 1-5 appropriate a transfer from the General Fund to County Service Area #3's ambulance fund in the amount of \$1,025,000 for fund ambulance operations in the East Slope / South Lake Tahoe region. The transfer is funded by a reduction in General Fund contingency. Within the CSA, the budgeted revenues are offset by a \$75,000 increase in appropriations for payments to CalTahoe (East Slope ambulance JPA). Due to a higher than expected ambulance inflation factor, payments to CalTahoe exceeded current year appropriations. The remaining \$950,000 are offset by a decreased in budgeted ambulance fee revenue.

Lines 6-11 increase appropriations in County Service Area #7 through a reduction in contingency in the amount of \$100,000. Of this amount, \$25,000 is an increase in Payments to Other Governments for higher than anticipated Quality Assurance Fee payments under the GEMT QAF program. The remaining \$75,000 is an increase to Operating Transfers to the EMS program, which experienced higher than anticipated costs in salaries and benefits (Line 10) and charges from County Counsel (Line 11). Please note that while the EMS program's total anticipated costs exceed budgeted costs by only \$25,000, the share of the costs allocated to CSA#7 represent an increase of \$75,000.

FOR AUDITOR'S OFFICE USE ONLY

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

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$4,450,000.00
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	11	NET TOTAL	\$0.00
JOURNAL #							
DATE							
INPUT BY							
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval				
DEPT NAME	CAO: EMS & EPR	Legistar Number & Date:	23-1081 6/20/23				
DEPT CONTACT & EXT.	JEREMY APODACA	 <small>Sue Hennike (Jun 9, 2023 12:32 PDT)</small>		5/19/2023	PAGE 1 OF 1		
				DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		DATE	

DIRECTIONS:

JMA

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	15V00	1530300	7700			DEC	\$ 1,025,000	DEC GENERAL FUND CONTINGENCY
2	15O00	1550500	7000	15GF -15SP - -		INC	\$ 1,025,000	INC OP TFR OUT GENFUND CONTRIB
3		1210100	2020			INC	\$ 1,025,000	INC OP TFR IN GEN FUND CONTRIB
4	12500	1210100	5240			INC	\$ 75,000	INC CONTRIB OTHER GOV
5		1210100	1686			DEC	\$ 950,000	DEC AMBULANCE FEE REV
6	12402	1210120	4337			INC	\$ 25,000	INC PYMT TO OTHER GOV AGENCY
7	12702	1210120	7000			INC	\$ 75,000	INC OP TFR OUT TO EMS
8	12C02	1210120	7700			DEC	\$ 100,000	DEC CSA 7 CONTINGENCY
9		1230100	2020			INC	\$ 75,000	INC OP TFR IN FROM CSA 7
10	12310	1230100	3000			INC	\$ 25,000	INC EMS SAL BEN
11	12A10	1230100	7200			INC	\$ 50,000	INC EMS INTRAFUND TFRS
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ 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>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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BT1-12-051923-JA-CSAs

Final Audit Report

2023-06-09

Created:	2023-06-05
By:	Madison Franklin (Madison.Franklin@edcgov.us)
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-  Document created by Madison Franklin (Madison.Franklin@edcgov.us)
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✔ Agreement completed.

2023-06-09 - 7:32:52 PM GMT

