

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
TRANSFER #		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL	<b>\$41,974.00</b>
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	<b>2</b>
DATE				NET TOTAL	<b>\$0.00</b>
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	Legistar Number & Date:	21-1676 & 11/9/21		
DEPT CONTACT & EXT.	Valerie Ladowski ext 7174	<i>Don Semon</i>		10/29/2021	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		5210111	1100	Budget-Summary		INC	\$ 20,987	FY21/22 Rev Inc 2021 CES Grant
2	52423	5210111	4300	Budget-Summary		INC	\$ 20,987	FY21/22 Inc Exp 2021 CES Grant
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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	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 41,974
Contact phone*	(530) 642-7174		

**BUDGET TRANSFER HEADER**

Prepared date*	10/29/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	21/22	
Short Description* <small>(10 characters)</small>	CES Grant	
	Legistrar Item Number*	21-1676 & 11/9/21
* 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\*  
*Don Semon*

**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 for the 2021 Continuum of Care Coordinated Entry System (CES) Project Activity grant, in the amount of \$20,987, and including a match requirement of \$5,247 that will be met through existing grant funding received by the Housing and Homelessness Services programs. 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:	_____