

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

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	\$540,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHS, Community Services, PHA

Budget Transfer Type: Transfer 1: BoS Approval

Legistar Number & Date: #21-0276 3/16/21

DEPT CONTACT & EXT.	Nita Wracker, ext. 6933
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N. Wracker *Dell* 2-19-21
 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE

2/11/2021 PAGE 1 OF 1
 DATE

DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- 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		5210150	1100	Budget-Summary		INC	\$ 270,000	FY20/21 Inc Rev Federal
2	52561	5210150	5000	Budget-Summary		INC	\$ 270,000	FY20/21 Inc Exp Support Person
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER <i>Emma</i> CHIEF ADMINISTRATIVE OFFICE - ANALYST	_____ DATE 2/25/21 DATE
_____ CHIEF ADMINISTRATIVE OFFICER	_____ DATE

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

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


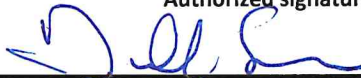
MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA, Community Services, P	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 540,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	02/11/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2021	
Short Description* <small>(10 characters)</small>	PHA	
Legistar Item Number*		#21-0276 3/16/21
* 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*


 2-19-21

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

The Health and Human Services Agency (HHSA), Community Services Division (CSD), Public Housing Authority, is requesting a budget transfer to increase federal revenue and to increase appropriations for the Support and Care of Persons. Revenues and expenditures are projected to be higher than budgeted.

There is no impact to General Fund.

FOR AUDITOR'S OFFICE USE ONLY

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