

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$90,000.00
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	2	NET TOTAL	\$0.00
JOURNAL #							
DATE							
INPUT BY							
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval				
DEPT NAME	HHSA	Legistar Number & Date:	21-1757 & 11/9/21				
DEPT CONTACT & EXT.	Valerie Ladowski ext 7174	Don Semon	Nov 8, 2021		10/28/2021	PAGE 1 OF 1	
				DEPARTMENT AUTHORIZATION SIGNATURE AND DATE		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	52361	5210150	3004	Budget-Summary		DEC	\$ 45,000	FY21/22 Dec Exp Other Comp
2	52661	5210150	6045	Budget-Summary		INC	\$ 45,000	FY21/22 Inc Exp Fixed Asset
3								
4								
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11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER 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
_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE	
_____ CHIEF ADMINISTRATIVE OFFICER DATE	
	_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE
	_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE

S:\APFORMS\BUDGET TRANSFER 2.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 90,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	10/28/21	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>	PHA FA		
		Legistar Item Number*	21-1757 & 11/9/21

*** REQUIRED FIELDS**

Project Strings Required:	Yes
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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 (Nov 8, 2021 09:07 PST)

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

The Health and Human Services Agency (HHS), Community Services Department (CSD), Public Housing Authority (PHA), is requesting a budget transfer moving PHA CARES funding from Permanent Employees to Fixed Assets for the purchase of a vehicle that will be assigned to the PHA program. This vehicle will be used to support residents as a result of COVID-19. HHS has clarified with HUD that it is an allowable expense. 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:	_____