



EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

**MEMO**

**Date:** September 13, 2018

**To:** Don Ashton  
CAO

**From:** Patricia Charles-Heathers, Ph.D.  
HHSA Director

**Subject:** Health and Human Services Agency Community Services Division Request to Process the Attached Budget Transfer

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The Health and Human Services Agency (HHSA), Veteran Affairs, is requesting a budget transfer to distribute \$55K in Transient Occupancy Tax (TOT) funds at the request of the Veteran Affairs Commission, and increase Special Projects for the El Dorado Community Foundation per Board Item #18-1341.

**Increase in Revenues:**

FENIX Org 4200000

Object: 2020 – Operating Transfers In (\$ 55,000)

**Increase in Appropriations:**

FENIX Org 4200000

Object: 4501 – Special Projects \$ 55,000

FENIX Org 1550500

Object: 7000 – Operating Transfers Out \$ 55,000

**Decrease in Appropriations:**

FENIX Org 1530300

Object: 7700 – Appropriations for Contingency (\$55,000)

*zck* Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BUDGET TRANSFER REQUEST #1

HSA - Veteran Affairs

DEPARTMENT OR AGENCY NAME

AUDITOR / CONTROLLER'S USE
TRANSFER #
DATE
CODE BY

9/13/2018

*yck*

DATE

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*  
 \* 002 = INCREASE ESTIMATED REVENUE  
 \* 003 = DECREASE ESTIMATED REVENUE  
 \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	C	4200000	2020		(55,000)	FY 18-19 Inc Op Tsfr In	
2	D	4200000	4501		55,000	FY 18-19 Inc Special Projects	
3	D	1550500	7000		55,000	FY 18-19 Inc Op Tsfr Out	
4	C	1530300	7700		(55,000)	FY 18-19 Dec Appropriations for Contingency	
5							
6							
7							
8							
9							
10							
11							
12							
13							

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS