
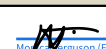


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
TRANSFER #		<b>BUDGET TRANSFER REQUEST</b>		DOCUMENT TOTAL	<b>\$176,000.00</b>
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	<b>4</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 Admin, Dept 50	Legistar Number & Date:	22-0309 3/7/2023		
DEPT CONTACT & EXT.	Kimmi McAdams	 Feb 7, 2023	 Feb 14, 2023	1/23/2023	PAGE 1 OF 1
		<small>DEPARTMENT AUTHORIZATION SIGNATURE AND DATE</small>		<small>DATE</small>	

**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	50Q00	5000100	7200	BUDGET-SUMMARY		INC	\$ 44,000	Inc Intra Fnd Tsfr Briw SO
2	50470	5000100	4752	BUDGET-SUMMARY		DEC	\$ 44,000	Dec Alloc Briw SO
3	24R00	2420220	7350	2420GEN-2400400-C72INTRA-WS		DEC	\$ 44,000	Dec Intra Fnd Abt Briw SO
4	24300	2420220	3000	2420GEN-2400400-24WR-WS		INC	\$ 44,000	Inc Reg Emp Briw SO
5								
6								
7								
8								
9								
10								
11								
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;"><b>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</b></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**

<b>Department Name*</b>	HHSA Admin, Dept 50	<b>Budget Transfer Type:</b>	<b>Transfer 1: BoS Approval</b>
<b>Clerk*</b>	Maki Ganno	<b>Document total*</b>	<b>\$ 176,000</b>
<b>Contact phone*</b>	621-4893		

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	01/23/23	<b>Check Applicable*</b> <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
<b>Fiscal year</b>	22/23		
<b>Short Description*</b> <small>(10 characters)</small>	EDSO MOU		
		<b>Registrar Item Number*</b>	22-0309 3/7/2023
<b>* REQUIRED FIELDS</b>		<b>Project Strings Required:</b>	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.

<b>Authorized signature*</b>		
		
<small>Olivia Byron-Cooper (Feb 7, 2023 09:54 PST)</small>	<small>Maki Ganno (Feb 14, 2023 15:52 PST)</small>	<small>Olivia Byron-Cooper (Feb 7, 2023 09:54 PST)</small>

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

The Health and Human Services Agency (HHS), Administration (ADM), is requesting a budget transfer in the amount of \$44,000 to increase interfund transfer from Sheriff's office for Security Officer at HHS's Briw Road location for March to June of 2023. This cost will be then allocated same methodology as Space Cost allocation and there is no impact to County General Fund. Sheriff's office will increase same amount for salaries and offset by interfund abatements. The annual estimate is \$130,000 and will be included in the next fiscal year's budget.

**FOR AUDITOR'S OFFICE USE ONLY**

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