

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	\$298,276.00
NUMBER OF LINES	2
NET TOTAL	\$0.00
2/11/2021	PAGE 1 OF 1

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA, Community Services, AAA

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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*Nita Wracker* 2/11/21  
 DEPARTMENT AUTHORIZATION SIGNATURE AND 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		5210140	0880	Budget-Summary		INC	\$ 149,138	FY20/21 Inc State Revenue
2	52420	5210140	4060	Budget-Summary		INC	\$ 149,138	FY20/21 Inc Food and Food Prod
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER <i>Joe Harn</i> CHIEF ADMINISTRATIVE OFFICE - ANALYST	_____ DATE 3/1/21 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

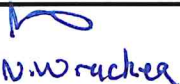

**MEMO SHEET: BUDGET TRANSFER INFORMATION**

Department Name*	HHSA, Community Services, A	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 298,276
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	20/21	
Short Description* <small>(10 characters)</small>	AAA	
	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.

 N. W. Rucker	Authorized signature*	 Dull	2-19-21
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**BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION\*** (will be scanned into FENIX TCM)

The Health and Human Services Agency (HHSA), Community Services Division (CSD), Area Agency on Aging (AAA), is requesting a budget transfer to increase State Revenues, and increase Food and Food Products. The increase is due to one time funding being received to support the Senior Nutrition program. There is no impact to county general fund.

**FOR AUDITOR'S OFFICE USE ONLY**

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