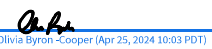


AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL		\$140,000.00			
TRANSFER #				BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NUMBER OF LINES		4			
JOURNAL #						NET TOTAL		\$0.00			
DATE											
INPUT BY											
TO BE COMPLETED BY DEPARTMENT				Budget Transfer Type:		Transfer 1: BoS Approval					
DEPT NAME		HHSA-Community Services, Dept 52		Legistar Number & Date:		24-0714, 5/21/24					
DEPT CONTACT & EXT.		Kristy Monroe x7119		 <small>Olivia Byron-Cooper (Apr 25, 2024 10:03 PDT)</small>		04/25/2024		4/24/2024		PAGE 1 OF 1	
DEPARTMENT AUTHORIZATION SIGNATURE AND DATE						DATE					

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		5210110	0880	BUDGET-SUMMARY		DEC	\$ 35,000	FY 23/24 Dec State Revenue
2		5210110	2020	BUDGET-SUMMARY		INC	\$ 35,000	FY 23/24 Inc GF
3		5210140	2020	BUDGET-SUMMARY		DEC	\$ 35,000	FY 23/24 Dec GF
4	52420	5210140	4060	BUDGET-SUMMARY		DEC	\$ 35,000	FY 23/24 Dec Food & Food Prod
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;">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</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>
--	---

MEMO SHEET: BUDGET TRANSFER INFORMATION


Department Name*	HHSA-Community Services, D	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 140,000
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	04/24/24	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
Fiscal year	FY 23/24		
Short Description* <small>(10 characters)</small>	CSOTHR		
		Registrar Item Number*	24-0714, 5/21/24
* 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*


 Olivia Byron-Cooper (Apr 25, 2024 10:03 PDT)

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

The Health and Human Services Agency (HHSA), Community Services Division (CSD), is requesting a budget transfer to move savings in budgeted appropriations from our Area on Aging program, County General Fund and Food and Food Products, to our Homelessness programs, County General Fund and Interest. There are unexpected increases in the cost of borrowing money for the programs on a reimbursement basis, creating negative interest. Homeless grants are on a reimbursement basis, and therefore can accrue negative interest, which must be covered by County General Fund. Per 2 CFR 200.449, costs incurred for interest on borrowed capital, temporary use of endowment funds, or the use of the non-Federal entity's own funds, however represented, are unallowable.

There is no additional NCC associated with this budget transfer.

FOR AUDITOR'S OFFICE USE ONLY

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

FY 23-24 BOS BTR HHSA CS v2

Final Audit Report

2024-04-25

Created:	2024-04-24
By:	Valerie Ladowski (valerie.ladowski@edcgov.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAy8TwwHikwtRtSF6Myu320lecNg2ChTvp

"FY 23-24 BOS BTR HHSA CS v2" History

-  Document created by Valerie Ladowski (valerie.ladowski@edcgov.us)
2024-04-24 - 11:40:19 PM GMT- IP address: 207.104.47.251
-  Document emailed to olivia.byron-cooper@edcgov.us for signature
2024-04-24 - 11:41:03 PM GMT
-  Email viewed by olivia.byron-cooper@edcgov.us
2024-04-25 - 5:03:21 PM GMT- IP address: 174.235.119.155
-  Signer olivia.byron-cooper@edcgov.us entered name at signing as Olivia Byron -Cooper
2024-04-25 - 5:03:46 PM GMT- IP address: 174.235.119.155
-  Document e-signed by Olivia Byron -Cooper (olivia.byron-cooper@edcgov.us)
Signature Date: 2024-04-25 - 5:03:48 PM GMT - Time Source: server- IP address: 174.235.119.155
-  Agreement completed.
2024-04-25 - 5:03:48 PM GMT

