

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

DOCUMENT TOTAL	\$10,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

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

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	HHSA - Community Services

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	22-1282 7/26/2022

DEPT CONTACT & EXT.	K McAdams x6932
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Daniel Del Monte
Daniel Del Monte (Jul 7, 2022 16:29 PDT)

Jul 7, 2022

7/7/2022 PAGE 1 OF 1
 DATE

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		5210180	0880			INC	\$ 5,000	FY 2122 Inc State Rev MORE
2	52522	5210180	5000			INC	\$ 5,000	FY 2122 Inc Supp & Care MORE
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____	JOE HARN, C.P.A. AUDITOR / CONTROLLER	DATE
_____	CHIEF ADMINISTRATIVE OFFICE - ANALYST	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	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Kristen Monroe	Document total*	\$ 10,000
Contact phone*	(530) 642-7119		

BUDGET TRANSFER HEADER

Prepared date*	07/07/22	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>	CS MORE		
		Registrar Item Number*	22-1282 7/26/2022
* 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*

Daniel Del Monte
 Daniel Del Monte (Jul 7, 2022 16:29 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 increase State revenues and increase Support and Care of Persons appropriations due to a contract amendment with the Department of Housing and Community Development. HHSA is to act as a pass-through agency of funding to Mother Lode Rehabilitation Enterprises, Inc. (M.O.R.E.) for the Rental Housing Construction Program that provides rental subsidies to eligible households. The increase is due to additional funding being received. 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:	_____