

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$402,400.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	4
DATE				NET TOTAL	\$0.00
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 PH, Dept 54	Legistar Number & Date:	22-0308 3/7/2023		
DEPT CONTACT & EXT.	Kimmi McAdams	 <small>Olivia Byron-Cooper (Feb 6, 2023 14:47 PST)</small>		1/18/2023	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		5400000	2020	BUDGET-SUMMARY		INC	\$ 100,600	INC OP TRF IN SPRING ST CAMERA
2	54601	5400000	6020	BUDGET-SUMMARY		INC	\$ 100,600	INC FIXED ASSED SPRING ST CAM
3	15V70	1570710	7700	BUDGET-SUMMARY		DEC	\$ 100,600	DEC CONT SPRING ST CAMERA
4	15O70	1570710	7000	BUDGET-SUMMARY		INC	\$ 100,600	INC OP TRF OUT SPRING ST CAM
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 PH, Dept 54	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Maki Ganno	Document total*	\$ 402,400
Contact phone*	621-4893		

BUDGET TRANSFER HEADER

Prepared date*	01/18/23	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
Fiscal year	22/23		
Short Description* <small>(10 characters)</small>	SPR ST CAM		
		Registrar Item Number*	22-0308 3/7/2023
* 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.

 Olivia Byron-Cooper (Feb 6, 2023 14:47 PST)	Authorized signature*  Olivia Byron-Cooper (Feb 6, 2023 14:47 PST)
---	--

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

The Health and Human Services Agency (HHSA), Public Health Department (PHD), is requesting a budget transfer in the amount of \$100,600 to increase County ARPA revenues that have been designated for the PHD and increase fixed assets for the purchase of security cameras at the Spring St. location. 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:	_____