

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	Elections	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Cynthia Morrison	Document total*	\$ 270,000
Contact phone*	x7481		

BUDGET TRANSFER HEADER

Prepared date*	03/07/24	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	23/24	
Short Description* <small>(10 characters)</small>	HAVA REIMB	
	Legistar Item Number*	24-0512 04/30/24

* REQUIRED FIELDS

Project Strings Required	No
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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.



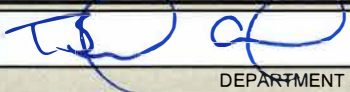
Authorized signature*

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

This budget increase will used to provide election security and surveillance for the Elections Department as part of the HAVA Technology and Security Grant Agreement #23G27109. The State provided these funds through a Federal grant process.

FOR AUDITOR'S OFFICE USE ONLY

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

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$270,000.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2
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	Elections	Legistar Number & Date:	24-0512 04/30/24		
DEPT CONTACT & EXT.	Cynthia Morrison x7481			3/7/2024	PAGE 1 OF 1
				DATE	
DEPARTMENT AUTHORIZATION SIGNATURE AND 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		1900000	1100	19ELECT - 19OPER - REIMB - 19HAVA		INC	\$ 135,000	FY23/24 INC REVENUE 23G27109
2	19400	1900000	4500	19ELECT - 19OPER - C40SERSUP - 19ELECTEXP		INC	\$ 135,000	FY23/24 INC APPROP TO DEPT EXP
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

<p>_____ JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____ CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____ 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>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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