

<b>AUDITOR / CONTROLLER'S USE</b>		EL DORADO COUNTY APPROPRIATION TRANSFER ( 29125 GOV. CODE )			
<b>TRANSFER #</b>		<b>BUDGET TRANSFER REQUEST</b>		<b>DOCUMENT TOTAL</b>	<b>\$160,000.00</b>
<b>JOURNAL #</b>				<b>NUMBER OF LINES</b>	<b>4</b>
<b>DATE</b>				<b>NET TOTAL</b>	<b>\$0.00</b>
<b>INPUT BY</b>					
<b>TO BE COMPLETED BY DEPARTMENT</b>		<b>Budget Transfer Type:</b>	Transfer 1: BoS Approval		
<b>DEPT NAME</b>	HHSA-Public Health, Dept 54	<b>Legistar Number &amp; Date:</b>	24-0332 4/2/2024		
<b>DEPT CONTACT &amp; EXT.</b>	Kristen Monroe	<i>O.B.C.</i> <small>Olivia Byron-Cooper (Feb 15, 2024 10:32 PST)</small>		<b>2/10/2024</b>	<b>PAGE 1 OF 1</b>
				DEPARTMENT AUTHORIZATION SIGNATURE AND DATE	
				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		5440450	0895	BUDGET-SUMMARY		INC	\$ 80,000	FY 23/24 Inc TUPP Rev
2	54320	5440450	3000	BUDGET-SUMMARY		INC	\$ 30,000	FY 23/24 Inc TUPP Perm Emp
3	54420	5440450	4300	BUDGET-SUMMARY		INC	\$ 40,000	FY 23/24 Inc TUPP Prof Svc
4	54520	5440450	5000	BUDGET-SUMMARY		INC	\$ 10,000	FY 23/24 Inc TUPP Supp &Care
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;"><b>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</b></p> <p>_____ SIGNATURE: CHAIR, BOARD OF SUPERVISORS      DATE</p> <p>_____ ATTEST: CLERK, BOARD OF SUPERVISORS      DATE</p>
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**MEMO SHEET: BUDGET TRANSFER INFORMATION**

<b>Department Name*</b>	HHSA-Public Health, Dept 54	<b>Budget Transfer Type:</b>	<b>Transfer 1: BoS Approval</b>
<b>Clerk*</b>	Maki Ganno	<b># Document total*</b>	<b>\$ 160,000</b>
<b>Contact phone*</b>	642-4893		

**BUDGET TRANSFER HEADER**

<b>Prepared date*</b>	02/10/24	<b>Check Applicable*</b> <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
<b>Fiscal year</b>	FY 23/24		
<b>Short Description*</b> <small>(10 characters)</small>	TUPP		
		<b>Legistar Item Number*</b>	24-0332 4/2/2024
<b>* REQUIRED FIELDS</b>		<b>Project Strings Required:</b>	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*  
[Olivia Byron-Cooper \(Feb 15, 2024 10:32 PST\)](#)

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

The Health and Human Services Agency (HHS), Public Health Department (PHD) is requesting a board approved budget transfer to increase revenue and appropriations for the Tobacco Use Prevention Program (TUPP). Due to vacancies, TUPP had a large amount of unspent funds from the previous year that can be rolled over to this fiscal year. HHS is requesting to increase revenue and appropriations by the carry-forward amount of \$80K to utilize the funds available this fiscal year.

There is no General Fund associated with this budget transfer.

**FOR AUDITOR'S OFFICE USE ONLY**

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