



EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

MEMO

**Date:** December 8, 2015  
**To:** Larry Combs  
Interim CAO  
**From:** Don Ashton, M.P.A. *[Signature]*  
Director  
**Subject:** Request to process attached Budget Transfer for the Health and Human Services Agency –  
Social Services Division

SOCIAL SERVICES DIVISION – (SSD)

**Additional Information/Justification:**

The CA Department of Social Services issued County Fiscal Letter 15/16-22, publishing the FY 2015-16 State General Fund allocation for the administration of the Commercially Sexually Exploited Children Program (CSEC) for El Dorado County. The County’s allocation is \$277,628. The administration of the program will utilize a combination of case management, staff training, community outreach and education, professional support and direct client services to reduce the incidents of and assist victims of commercial sexual exploitation.

The program is funded with State and Federal revenue, with no impact to County General Fund.

**Revenue Increase:**

Index Code	Sub-Object	Description	Amount
530930	0580	State: Admin Public	\$ 277,628

**Appropriations Increase:**

Index Code	Sub-Object	Description	Amount
530900	3000	Permanent Employee	\$ 113,399
530900	4500	Special Department Expense	\$ 90,000
530900	5013	Ancillary Services	\$ 37,000
530900	7200	Interfund Transfer	\$ 37,229
<b>Total:</b>			<b>\$ 277,628</b>

Signature: *[Signature]* Date: 12/9/15

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

Health and Human Services Agency - Social Services  
DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	555,256
NUMBER OF LINES	005
TRANSACTION CODE TOTAL*	046

11/17/2015  
DATE

*[Signature]* 11/20/15 3-cc  
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*

\* 002 = INCREASE ESTIMATED REVENUE      \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 003 = DECREASE ESTIMATED REVENUE      \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION  (50 CHARACTERS MAX.)
1	002	530930	0580		277,628	FY 15/16 BUD REV - CSEC
2	011	530900	3000		113,399	FY 15/16 BUD REV - CSEC
3	011	530900	4500		90,000	FY 15/16 BUD REV - CSEC
4	011	530900	5013		37,000	FY 15/16 BUD REV - CSEC
5	011	530900	7200		37,229	FY 15/16 BUD REV - CSEC
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REVIEWED FOR FORMAT BY  
 \_\_\_\_\_  
 JOE HARN, C.P.A. AUDITOR / CONTROLLER      DATE

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE - ANALYST      DATE

\_\_\_\_\_  
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS      DATE

\_\_\_\_\_  
 CHIEF ADMINISTRATIVE OFFICE      DATE

\_\_\_\_\_  
 ATTEST: CLERK, BOARD OF SUPERVISORS