



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: December 22, 2015
To: Larry Combs
Interim CAO
From: Don Ashton, M.P.A.
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:

On November 17, 2015, the CA Department of Social Services issued County Fiscal Letter 15/16-32, publishing the updated FY 2015-16 State General Fund allocation for the administration of the El Dorado County Child Welfare Services (CWS) Program for Children Family Services Review (CFSR). The County's allocation will increase revenue by \$127,852. The CFSR program is Federally mandated requiring specific review and oversight of CWS cases. The staff performing this function must be specially trained and certified by the State.

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

Revenue Increase:

| Index Code | Sub-Object | Description | Amount |
|-------------------|-------------------|---------------------|---------------|
| 530710 | 0580 | State: Admin Public | \$ 127,852 |

Appropriations Increase:

| Index Code | Sub-Object | Description | Amount |
|-------------------|-------------------|--------------------|---------------|
| 530700 | 3000 | Permanent Employee | \$ 93,898 |
| 530500 | 7200 | Interfund Transfer | \$ 33,954 |

Total: \$ 127,852

Signature: 

Date: 12/22/15

| 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 | 255,704 |
| NUMBER OF LINES | 003 |
| TRANSACTION CODE TOTAL* | 024 |

12/21/2015

DATE

[Signature]
12/22/15

Alexis Zora

12.22.15

PAGE 1.00 OF 1.00

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 | 530710 | 0580 | | 127,852 | FY 15/16 BUD REV - CFSSR |
| 2 | 011 | 530700 | 3000 | | 93,898 | FY 15/16 BUD REV - CFSSR |
| 3 | 011 | 530500 | 7200 | | 33,954 | FY 15/16 BUD REV - CFSSR |
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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