



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: May 22, 2017

To: Don Ashton
CAO

From: Patricia Charles-Heathers, Ph.D. *PC*
HHS Director

Subject: Health and Human Services Agency Community Services Division Request to process attached budget transfer upon BOS approval

The Health and Human Services Agency (HHS), Community Services Division (CSD), is requesting a budget transfer to move revenue and appropriations for the HHS Human Services costs supporting the Community Corrections Partnership (CCP) to a new Index Code. It was determined that this program should be in Fund Type 11 instead of Fund Type 10. This change is in alignment with the FENIX chart of accounts structure. The projections for this program are showing a decrease in expenditures, therefore there is a \$2,300 in County General Fund savings reflected in this request.

Decreases:

	<u>Index Code</u>	<u>Sub Object</u>	<u>Amount</u>
Revenue	531442	2020	198,967
Appropriations	531442	3000	85,712
	531442	3004	168
	531442	3006	1,456
	531442	3020	18,976
	531442	3022	1,263
	531442	3040	45,541
	531442	3042	215
	531442	3043	549
	531442	3046	1,847
	531442	3060	683
	531442	3080	1,200
	531442	4100	620
	531442	4461	500
	531442	4501	11,466
	531442	4602	1,000
	531442	4605	2,800
	531442	4606	1,000
	531442	7200	26,271
	Net Decrease		<u>400,234</u>

EL DORADO COUNTY-REC'D
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HHSA Budget Transfer Request continued:

Increases:

	<u>Index Code</u>	<u>Sub Object</u>	<u>Amount</u>
Revenue	531290	2020	198,967
Appropriations	531290	3000	85,712
	531290	3004	168
	531290	3006	1,456
	531290	3020	18,976
	531290	3022	1,263
	531290	3040	45,541
	531290	3042	215
	531290	3043	549
	531290	3046	1,847
	531290	3060	683
	531290	3080	1,200
	531290	4100	620
	531290	4461	500
	531290	4501	9,166
	531290	4602	1,000
	531290	4605	2,800
	531290	4606	1,000
	531290	5300	26,271
	Net Increase		<u>397,934</u>
Revenue	450000	1800	26,271
Appropriations	450000	7350	26,271
	Net Increase		<u>52,542</u>
Appropriations	151000	7700	2,300
	Net Increase		<u>2,300</u>

Total Index Code recap –Revenue less Expenditures

531442	(2,300)
531290	0
450000	0
151000	(2,300)

Signature: _____



Date: _____

5/23/17

TR17064

7-47

File name:

BT-53-052217-mg

Doc total:

853,010.00

Authorized signature:

[Signature] 5/23/17 Patricia Charis-Arath 5/24/17

Line Num	Trans Code	Index code	Subobject	User code	DR Amount	CR Amount	DESCRIPTION			
							JE Type/Ref1	Source Doc/Ref3	Period of time/Ref2	Remaining (19)
1	3	531442	2020		198,967.00		MISCLN	MULTI	FY 16/17	Dec Op Trf In
2	12	531442	3000			85,712.00	MISCLN	MULTI	FY 16/17	Dec Perm Emp
3	12	531442	3004			168.00	MISCLN	MULTI	FY 16/17	Dec Other Comp
4	12	531442	3006			1,456.00	MISCLN	MULTI	FY 16/17	Dec Bilingual Pay
5	12	531442	3020			18,976.00	MISCLN	MULTI	FY 16/17	Dec Retirement
6	12	531442	3022			1,263.00	MISCLN	MULTI	FY 16/17	Dec Medi Care
7	12	531442	3040			45,541.00	MISCLN	MULTI	FY 16/17	Dec Health Ins
8	12	531442	3042			215.00	MISCLN	MULTI	FY 16/17	Dec LTD
9	12	531442	3043			549.00	MISCLN	MULTI	FY 16/17	Dec Def Comp
10	12	531442	3046			1,847.00	MISCLN	MULTI	FY 16/17	Dec Ret Health
11	12	531442	3060			683.00	MISCLN	MULTI	FY 16/17	Dec Worker's Comp
12	12	531442	3080			1,200.00	MISCLN	MULTI	FY 16/17	Dec Flex Benefit
13	12	531442	4100			620.00	MISCLN	MULTI	FY 16/17	Dec Insurance
14	12	531442	4461			500.00	MISCLN	MULTI	FY 16/17	Dec Minor Equip
15	12	531442	4501			11,466.00	MISCLN	MULTI	FY 16/17	Dec Special Projects
16	12	531442	4602			1,000.00	MISCLN	MULTI	FY 16/17	Dec Employee Mlg
17	12	531442	4605			2,800.00	MISCLN	MULTI	FY 16/17	Dec Vehicle Rent
18	12	531442	4606			1,000.00	MISCLN	MULTI	FY 16/17	Dec Fuel
19	12	531442	7200			26,271.00	MISCLN	MULTI	FY 16/17	Dec Intrafund Trf
20	2	531290	2020			198,967.00	MISCLN	MULTI	FY 16/17	Inc Opr Trf In
21	11	531290	3000		85,712.00		MISCLN	MULTI	FY 16/17	Inc Perm Emp
22	11	531290	3004		168.00		MISCLN	MULTI	FY 16/17	Inc Other Comp
23	11	531290	3006		1,456.00		MISCLN	MULTI	FY 16/17	Inc Bilingual Pay
24	11	531290	3020		18,976.00		MISCLN	MULTI	FY 16/17	Inc Retirement
25	11	531290	3022		1,263.00		MISCLN	MULTI	FY 16/17	Inc Medi Care
26	11	531290	3040		45,541.00		MISCLN	MULTI	FY 16/17	Dec Health Ins
27	11	531290	3042		215.00		MISCLN	MULTI	FY 16/17	Inc LTD
28	11	531290	3043		549.00		MISCLN	MULTI	FY 16/17	Inc Def Comp
29	11	531290	3046		1,847.00		MISCLN	MULTI	FY 16/17	Inc Ret Health
30	11	531290	3060		683.00		MISCLN	MULTI	FY 16/17	Inc Worker's Comp
31	11	531290	3080		1,200.00		MISCLN	MULTI	FY 16/17	Inc Flex Benefit
32	11	531290	4100		620.00		MISCLN	MULTI	FY 16/17	Inc Insurance
33	11	531290	4461		500.00		MISCLN	MULTI	FY 16/17	Inc Minor Equip
34	11	531290	4501		9,166.00		MISCLN	MULTI	FY 16/17	Inc Special Proj
35	11	531290	4602		1,000.00		MISCLN	MULTI	FY 16/17	Inc Employee
36	11	531290	4605		2,800.00		MISCLN	MULTI	FY 16/17	Inc Vehicle Rent
37	11	531290	4606		1,000.00		MISCLN	MULTI	FY 16/17	Inc Fuel
38	11	531290	5300		26,271.00		MISCLN	MULTI	FY 16/17	Inc Interfund Traf
39	11	450000	7350		26,271.00		MISCLN	MULTI	FY 16/17	Inc Intrafund Abat
40	2	450000	1800			26,271.00	MISCLN	MULTI	FY 16/17	Inc Interfund Rev
41	11	151000	7700		2,300.00		MISCLN	MULTI	FY 16/17	Inc Contingency
42										
43										
44										
45										
46										
Totals					426,505.00	426,505.00				

Audit date:

9/27 5/25/17

Record number:

Authorized by:

Audited by:

Process date:

By:

MEMO SHEET: GENERAL JOURNAL INFORMATION

Department Name*	53 HHSA: Community Svcs	File name*	BT-53-052217-mg
Clerk*	Maki Ganno	Document total*	853,010.00
Contact phone*	530-642-4893		

JOURNAL HEADER

Effective date*	05/22/17	Short Desc/Ref4*	CCP BTR	WO#	
Fiscal year	FY 16/17	JE Type/Ref1*	MISCLN	Task #	
Period		Journal type		Vendor	
Journal		Budget year code		Project account apply	
Source journal		Due to/Due from fund		Transaction type	
Entity code		Period of time/Ref2*	FY 16/17		
Auto reverse journal		Source Doc/Ref3*	MULTI		
		Approval status			

* REQUIRED FIELDS LOCKED CELLS

By signing this journal 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*

[Handwritten Signature] 5/23/17 *[Handwritten Signature]* Patricia Charles-Heather 5/24/17

JOURNAL JUSTIFICATION AND DESCRIPTION*

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Record number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____