



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

MEMO

Date: January 30, 2019
To: Don Ashton
CAO
From: Patricia Charles-Heathers, Ph.D.
HNSA Director and
Brian Richart
Chief Probation Officer

Subject: Health and Human Services Agency Community Services Division Request to Process the Attached Budget Transfer

The Health and Human Services Agency (HNSA), Community Services Division (CSD), Homeless Emergency Aid Program (HEAP), was recently approved to receive a disbursement for a new multi-year grant awarded to El Dorado County for homeless prevention. The funds amounting to \$1,448,324 will be advanced with required spending benchmarks. Pass thru to Probation in the amount of \$200,000 is for Rental Assistant or Subsidies for \$92,000 and Short-term housing for \$108,000.

Increase in Revenues:

FENIX Org 5210110
Object: 0880 – STATE: OTHER (\$ 1,448,324)

FENIX Org 2510150
Object: 2020 – OPERATING TRANSFERS IN
PL STRING: 25PBAD-25HEAP-STATE (\$200,000)

Increase in Appropriations:

FENIX Org 5210110
Object: 3000 – PERMANENT EMPLOYEES \$ 72,412

FENIX Org 5210110
Object: 4300 – PROFESSIONAL & SPECIALIZED SERVICES \$ 850,912

FENIX Org 5210110
Object: 5000 – SUPPORT AND CARE OF PERSONS \$ 325,000

FENIX Org 5210110
Object: 7000 – OPERATING TRANSFERS OUT \$ 200,000

FENIX Org 2510150
Object: 4300 – PROFESSIONAL & SPECIAL SERVICES
PL STRING: 25PBAD-25HEAP-25GENSUPRV-25EMRHSING \$200,000

yok
1/30/19

Signature: Patricia Charles-Heathers Date: 1/31/19

Signature: [Signature] Date: 2.1.19

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)

BUDGET TRANSFER REQUEST #1

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	-
NUMBER OF LINES	7
TRANSACTION CODE TOTAL*	NA

HHSA - Community Services, HEAP

DEPARTMENT OR AGENCY NAME

1/30/2019
DATE

Yck 1/30/19
Patricia Charles-Heather 1/31/19
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

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	D/C	FENIX Org	SUB OBJECT NUMBER	PL String	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	C	5210110	0880		(1,448,324)	FY 18-19 Inc STATE: OTHER HEAP GRNT
2	D	5210110	3000		72,412	FY 18-19 Inc PERMANENT EMPLOYEES HEAP GRNT
3	D	5210110	4300		850,912	FY 18-19 Inc PROF & SPEC SERVICES HEAP GRNT
4	D	5210110	5000		325,000	FY 18-19 Inc SUPPORT AND CARE OF PERSONS HEAP GRNT
5	D	5210110	7000		200,000	FY 18-19 Inc OPERATING TRANSFERS OUT HEAP GRNT
6	C	2510150	2020	25PBAD-25HEAP-STATE	(200,000)	FY 18-19 Inc OPERATING TRANSFERS IN HEAP GRNT
7	D	2510150	4300	25PBAD-25HEAP-25GENSUPRV-	200,000	FY 18-19 Inc PROF & SPEC SERVICES HEAP GRNT
8						
9						
10						
11						
12						
13						

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