

AUDITOR / CONTROLLER'S USE		EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)			
TRANSFER #		BUDGET TRANSFER REQUEST		DOCUMENT TOTAL	\$886,890.00
JOURNAL #		BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL		NUMBER OF LINES	2
DATE		BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL		NET TOTAL	\$0.00
INPUT BY					
TO BE COMPLETED BY DEPARTMENT		Budget Transfer Type:	Transfer 1: BoS Approval		
DEPT NAME	HHSA	Legistar Number & Date:	21-1720 11/16/21		
DEPT CONTACT & EXT.	Valerie Ladowski ext 7174	<i>Don Semon</i>		10/29/2021	PAGE 1 OF 2
				DATE	

DIRECTIONS:

1. MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
2. REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
3. 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		5210113	0880	Budget-Summary		INC	\$ 443,445	FY21/22 Fed Rev HHAP Rnd 3
2	52423	5210113	4300	Budget-Summary		INC	\$ 443,445	FY21/22 Inc Exp HHAP Rnd 3
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<p>_____</p> <p style="text-align:center;">JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE</p> <p>_____</p> <p style="text-align:center;">CHIEF ADMINISTRATIVE OFFICER DATE</p>	<p style="text-align:center;">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</p> <p>_____</p> <p style="text-align:center;">SIGNATURE: CHAIR, BOARD OF SUPERVISORS DATE</p> <p>_____</p> <p style="text-align:center;">ATTEST: CLERK, BOARD OF SUPERVISORS DATE</p>
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S:\APFORMS\BUDGET TRANSFER 2.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	HHSA	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Valerie Ladowski	Document total*	\$ 886,890
Contact phone*	(530) 642-7174		

BUDGET TRANSFER HEADER

Prepared date*	10/29/21	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)	
Fiscal year	21/22		
Short Description* <small>(10 characters)</small>	HHAP Rnd 3		
		Legistrar Item Number*	21-1720 11/16/21

* REQUIRED FIELDS	Project Strings Required	Yes
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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*
Don Semon

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

The Health and Human Services Agency (HHS), Community Services Department (CSD), is requesting a budget transfer increasing revenue and appropriations due to being awarded the Homeless Housing, Assistance, and Prevention Program Round 3 grant funding pursuant to Health and Safety Code 50220.7(a). This is a multi year funding source jointly awarded to the El Dorado County and Continuum of Care Jurisdictions. This budget adjustment request is for the initial disbursement of \$443,445 which is 25% of the total joint allocation of \$1,773,779. The initial disbursement is intended to fund contract agreements including, but not limited to, the 2022 Point In Time Homeless Count and additional data management. The remainder of the grant allocation will be included in the FY 2022-23 Recommended Budget, as the funds will not be disbursed until the next fiscal year. There is no effect to the County General Fund.

FOR AUDITOR'S OFFICE USE ONLY

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