

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Social Services

Date 06/12/2025

To County Auditor-Controller:

The Following request is deemed necessary. Please report the available balances to the County Executive Officer.

Fund	Org/BU	Object (+Project)	Object Description	AMOUNT	I/D	AUDITOR BALANCE
2321	AFDC/5031	827802	Operating Transfer In	\$ 5,417,666.00	I	\$0.00
2321	AFDC/5031	865802	Operating Transfer Out	\$ 5,417,666.00	I	\$11,388,030.00

Transfer 91 MOE Realignment from WFRA/5036 to AFDC/5031 Operating Transfer In. Then transfer from AFDC/5031 to CW/5130.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY *[Signature]*
 Prepared by: Rhonda Brown Ph: 707-463-7759 Email: brownr@mendocinocounty.gov

TO COUNTY EXECUTIVE OFFICER:

- Sufficient balances remain in the accounts indicated to effect transfer as requested.
 - Insufficient balances are available to meet the above request within departmental budget.
- Requires transfer of \$ _____

REMARKS:

No. 2025-T06006 Date 7/1/25 AUDITOR-CONTROLLER BY *[Signature]*

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 7/2/25 *[Signature]*
 COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: APPROVED AS REQUESTED APPROVED AS REVISED OTHER

REMARKS:

Date 07/29/2025 *[Signature]*
 DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____