

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive Office/Risk ManagementDate 06/03/2025

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
7130	GL0713	825810	Other Gov't	\$ 140,000.00	I	\$ 0.00
7130	GL0713	865802	OTO	\$ 160,000.00	I	\$ 0.00
1200	RO/3010	827802	OTI	\$ 160,000.00	I	\$ 4,578,810.00
1200	RO/3010	864370	Equipment	\$ 160,000.00	I	\$ 229,454.66

Increase appropriations for the replacement of a damaged vehicle. Total purchase price not to exceed \$160,000.00. Source of funds \$140,000.00 from PRISM and \$20,000 from the Risk Liability Fund.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY Prepared by: Heather Correll RosePh: 707-391-1663Email: correllh@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. 08T001Date 08/08/2025AUDITOR-CONTROLLER BY 

COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION☒ APPROVAL☐ DENIED

COMMENTS:

Date 06/09/2025
COUNTY EXECUTIVE OFFICERACTION OF BOARD OF SUPERVISORS: ☒ APPROVED AS REQUESTED☐ APPROVED AS REVISED☐ OTHER

REMARKS:

Date 09/23/2025
DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____