COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office:	- ubile i lealtii			Date		
	ditor-Controller					
The Followi	ng request is de	eemed necessary. Plea	se report the available balances to the	e County Executive Of	ficer. I	AUDITOR
Fund	Org/BU	Object (+Project)	Object Description	AMOUNT	I/D	BALANCE
1100	4010	825490	State Other Revenue	-\$ 723,894.00	1	\$0.00
1100	4010	862060	Communications	\$ 3,000.00	1	\$0.00
1100	4010	862170	Office Supplies	\$ 36,759.00		\$0.00
1100	4010	862230	Information Tech Equipment	\$ 6,000.00	T	\$0.00
1100	4010	862239	Special Department Expenses	\$ 678,135.00		\$0.00
				Name of the Control o		
	-				-+	
	-					
We are req	uesting a ne	ew Org in 4010 PH	named "PHFOPH" because w	e have received	a new	allocation
from Califor	nia Departn	nent of Public Heal	th (CDPH) aimed towards incr	easing and expar	nding	the Public
			spending authority in the 2000			
			ue Series to match our full allo			aagot mar
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			<i>A.</i>	14.1		
JUSTIFICATION	I: As stated ab	ove or attached memo.	. DEPARTMENT HEAD By	Molegand		
Prepared by: _	Nate England	-	Ph: (707) 472-2323	Email: englandn@men	docinoc	ounty.org
TO COUNTY EX	ECUTIVE OFFICE					
			counts indicated to effect transfer as r o meet the above request within depa			
<u> </u>	Requires tran		Theet the above request within depa	i tillelitai buuget.		
REMARKS:			1.0	1 1		
Red	quested incre	eases to Revenue an	d Expenditure Appropriations a	are equal and net to	o zero	ımpact
			al.	mix Cubhi		
No. 12T011	Dat	e 12/07/2022	AUDITOR-CONTROLLER By	mux Clibh		
	UTIVE OFFICER	: RECOMME	NDATION X APPROV	AL	DENIE	D
COMMENTS:						
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Date			COVINITY EVECUTIVE OFFICER			
Date	ARD OF CURE	WICORC APPROVED	COUNTY EXECUTIVE OFFICER	AC DEVICED F	Тотш	- D
REMARKS:	AKD OF SUPER	RVISORS: APPROVED	AS REQUESTED APPROVEL	D AS REVISED	_]отн	=K
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			Horas	_		
Date 01/24	/2023		DEPUTY CLERK OF THE BOARD OF SU			
IF NO			Date By:	NOTE AND A STANDARD WAS A STANDARD WAS AND A STANDARD WAS A STANDARD		

Revised 1/19