

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Social Services

Date 06/09/2025

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 |
|------|---------|-------------------|-------------------------|-----------------|-----|--------------------|
| 2865 | CARESRA | 865802 | Operating Transfers Out | \$ 1,232,872.00 | I | \$1,661,048 |
| 1100 | SS/5010 | 827802 | Operating Transfers In | \$ 1,232,872.00 | I | \$24,488,480 |
| 1100 | SS/5010 | 862194 | A-87 Costs | \$ 1,709,310.00 | I | -\$1,709,311 |
| 1100 | SS/5010 | 862239 | Special Dept Expense | \$ 479,194.00 | I | \$270,972 |
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Budget adjustment needed to cover unanticipated A-87 Costs and HR direct billing.

2865 fund balance of \$1,232,872 will be used to offset CARESRA 865802 Operating Transfer Out.

Increase in Net County Cost will be offset by use of up to \$995,633 from 1100-770046 Calworks, Adults, and Family Connections.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY Doreese Paul 6/10/25

Prepared by: Rhonda Brown

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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. 2025-06T005 Date June 17, 2025 AUDITOR-CONTROLLER BY Chamin Quebrin

COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION

☒ APPROVAL

☐ DENIED

COMMENTS:

Funds have been in the 770046 Reserve since Fiscal Year (FY) 12/13. During FY 12/13 year-end close, funds were transferred from General Fund to 770046 reserve.

Date 6/30/25

COUNTY EXECUTIVE OFFICER Jana R...

ACTION OF BOARD OF SUPERVISORS: ☐ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

☐ OTHER

REMARKS:

Date _____

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____