

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Social Services

Date 08/21/2025

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
1100	SS	825510	FEDERAL WELFARE ADMIN	\$ 67,140.00	I	
1100	SSFFTA	863118	SERVICE CONNECTED-CPS	\$ 67,140.00	I	

Budget adjustment needed to cover the reimbursement of the American Rescue Act-Community Based Child Abuse Presevent (ARPA-CBCAP) Funds from US Department of Health and Human Services.

The expense will be applied to SSFFTA-863118 first and then will be reimbursed by US Department of Health and Human Services with the reimbursement going into SS-825510.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By DeNeese Parker Digitally signed by DeNeese Parker
Date: 2025.08.22 09:20:04 -07'00'
 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:

This request is balanced between revenue and expenditure and has no increase in Net County Cost.

No. 08T002 Date 08/22/2025 AUDITOR-CONTROLLER BY 

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☒ APPROVAL ☐ DENIED

COMMENTS:

Date 8/22/25 
 COUNTY EXECUTIVE OFFICER

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

REMARKS:

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

JE NO. _____ Date _____ By: _____