

COUNTY OF MENDOCINO
REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Sheriff's Supplemental Law Enforcement (COPS)

Date 10/09/2019

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
1210	SC/2313	825490	State Other - Revenue	\$ 36,058.00		38,551
1210	SC/2313	861013	Overtime	\$ 6,000.00		-595
1210	SC/2313	861022	OASDI	\$ 372.00		2,502
1210	SC/2313	861023	Medicare	\$ 87.00		585
1210	SC/2313	861035	Workers' Compensation Ins	\$ 180.00		-126
1210	SC/2313	862101	Insurance - General	\$ 91.00		-91
1210	SC/2313	862170	Office Expense	\$ 20,000.00		0
1210	SC/2313	862230	Info Tech Equipment	\$ 50,000.00		0
1210	SC/2313	862232	Law Enf Supply & Svs	\$ 297,531.00		3,300
1210	SC/2313	862239	Special Dept Expense	\$ 10,000.00		0

This transfer accomplishes the following: Recognizes additional anticipated revenue. Provides funding for overtime expenditures, office furnishings and IT equipment for the Redwood Valley Field Patrol Office, and the replacement of aged firearms for the Sheriff's Office and Probation Department. Sufficient Fund Balance Available exists in Fund 1210 to fully fund the increase in appropriations, with no impact on the County General Fund.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By [Signature]
Prepared by: N. Thurston Ph: 463-4411 Email: thurston@mendocinocounty.org

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:

Source of funds = Fund Balance = \$ 426,087



No. 10T011 Date 10/11/19 AUDITOR-CONTROLLER BY [Signature]

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 10-11-19 [Signature]
COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date 11-7-19 [Signature]
DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____