

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Capital ProjectsDate 07/11/2024

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	ND/1000	865802	Operating Transfer Out	\$ 1,500,000.00	I	
1100	ND/1000	827802	Operating Transfer In	\$ 1,500,000.00	I	

For cash flow purposes the department is asking for approval to transfer funds from designated reserves ultimately into Capital Projects for the match to SB844 State funding, and then back into General Reserve once expenses are reimbursed by the 2022 Certificates of Participation (COPs) funding. There should be no negative impact at Fiscal Year End to the General Reserve as the full amount requested will be reimbursed within the same fiscal year from the COPs. To complete these transfers they must run through ND.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By Tim HallmanDigitally signed by Tim Hallman
DN: cn=Tim Hallman, o=County of Mendocino, ou=Executive Office,
email=thallman@mendocinocounty.gov, c=US
Date: 2024.07.15 11:45:11 -0700Prepared by: Tim HallmanPh: 707-463-4441Email: hallmanta@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. _____ Date 07/15/2024 AUDITOR-CONTROLLER BY Sara PierceDigitally signed by Sara Pierce
Date: 2024.07.15 11:47:22 -0700

COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION☒ APPROVAL☐ DENIED

COMMENTS:

Date 7/15/24Christoph
COUNTY EXECUTIVE OFFICERACTION OF BOARD OF SUPERVISORS: ☒ APPROVED AS REQUESTED ☐ APPROVED AS REVISED ☐ OTHER

REMARKS:

Date 07/23/2024Amey
DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____