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

Dept./Office: Executive Office   Date 08/25/2025

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
1240	FSC/2610	863113	PYMNTS OTHER GOV AGNC	$ 169,893.81	I	$ 109,583.56
1240	FSC/2610	827802	OPERATING TRANSFER IN	$ 169,893.81	I	-$ 81,954.27
1240	FSP/2610	863113	PYMNTS OTHER GOV AGNC	$ 1,010,449.52	I	-$ 104,209.94
1240	FSP/2610	827802	OPERATING TRANSFER IN	$ 1,010,449.52	I	$ 216,173.25
1100	ND/1000	865802	OPERATING TRANSFER OUT	$ 1,180,343.33	I	$ 305,561.52
1100	ND/1000	821500	Sales & Use Tax	$ 1,004,484.20	I	$ 1,004,484.20
1100	ND/1000	821699	TOT-Camp	$ 169,893.81	I	$ 169,893.81

Both Measure P and Measure D (Camping TOT) tax revenues came in higher than was budgeted for in FY 2024-25. This will appropriate the remaining revenues, for both measures, to be used for fire district funding. The difference between the amount of the increase in Sales & Use Tax and the increases in FSP amounts is due to a difference in the ratio between Sales & Use Tax for Measure P and Bradley Burns Tax actually received.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By **Tony Rakes**

                  Digitally signed by Tony Rakes Date: 2025.09.03 12:19:46 -07'00'

Prepared by: _____   Ph: _____   Email: _____

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. 2025-06T012   Date 09/03/2025   AUDITOR-CONTROLLER By _____

COUNTY EXECUTIVE OFFICER: [ ] RECOMMENDATION   [✓] APPROVAL   [ ] DENIED

COMMENTS:

Sara Pierce   Digitally signed by Sara Pierce Date: 2025.09.03 13:05:14 -07'00'

Date _____   COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: [X] APPROVED AS REQUESTED   [ ] APPROVED AS REVISED   [ ] OTHER

REMARKS:

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

JE NO._____   Date_____   By:_____

Revised 1/19   Approp Transf