

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Capital Projects

Date 01/27/2025

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
1224	ME/4052	865802	Operating Transfer Out	\$ 7,000,000.00	D	
1100	ND/1000	865802	Operating Transfer Out	\$ 7,000,000.00	I	

Request for funding from Measure B for the Behavioral Health Wing of the Jail is being withdrawn. The funding will now be allocated from the Fiscal Year 2023-24 carry forward.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By Darcie Antle  
 Prepared by: Darcie Antle 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. \_\_\_\_\_ Date 1/27/25 Acting AUDITOR-CONTROLLER BY Sera P

COUNTY EXECUTIVE OFFICER: ☒ RECOMMENDATION ☐ APPROVAL ☐ DENIED  
 COMMENTS:

Date 1-27-25 Darcie Antle  
 COUNTY EXECUTIVE OFFICER

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

Date 02/11/2025 Amay  
 DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. \_\_\_\_\_ Date \_\_\_\_\_ By: \_\_\_\_\_