

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

Dept No. 5170 Department of Social Services Date 5-28-20

To County Auditor-Controller:

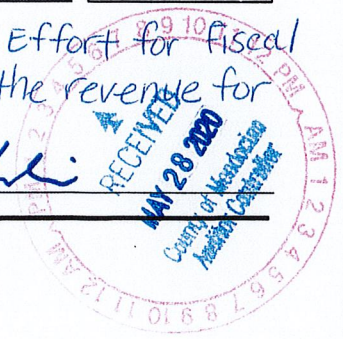
The following request is deemed necessary. Please report the available balances to County Executive Officer.

TRANSFER FROM:			AUDITOR	TRANSFER FROM:			AUDITOR
FUND	ORG/BUDGET		BALANCE	FUND	ORG/BUDGET		BALANCE
93	<u>825343</u>	<u>\$ -726,448</u>	<u>1,257,435</u>	93	<u>863139</u>	<u>\$ 816,775</u>	<u>(2,340)</u>
93	<u>825210</u>	<u>\$ -90,327</u>	<u>40,361</u>	93		\$	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

The state of California increased the IHSS maintenance of Effort for fiscal year 19/20. This adjustment is to record the expenditure and the revenue for that increase."

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Dygli



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: Net zero request

No. OST028 Date 5/29/20

AUDITOR-CONTROLLER By Chamers Cubin

COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 5.29.2020

Darcio Antle
COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS:

- Approved as requested
- Approved as revised
- Other

REMARKS:

Date _____

By: _____
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____