

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Social ServicesDate 05/05/2025

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
1100	SS/5010	863118	Family Services	\$ 50,000.00	I	\$ 5,298,323.18
1100	SS/5010	827802	Operating Transfer In	-\$ 50,000.00	I	-\$ 33,910,929.65
2320	WLFRADMN/5030	825210	State Welfare Administration	-\$ 50,000.00	I	\$ 697,806.81
2320	WLFRADMN/5030	865802	Operating Transfer Out	\$ 50,000.00	I	\$ 19,798,349.00

Attach the Exception To Bid for Contract Vendor Samer A Itani, DDS. This is 100 % funded by Flexible Family Support for Home-Based Foster Care General Fund Allocations through June 30,2025. Please see attached CFL 24/25-32.

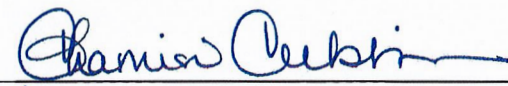
JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By DeNeese Parker Digitally signed by DeNeese Parker
 Prepared by: Rhonda Brown Ph: 707-463-7759 Email: brownr@mendocinocounty.gov
 Date: 2025.05.05 16:58:14 -07'00'

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:

Per Dept, additional funds will be drawn down to cover this Appropriation Request

No. 05T001 Date 05/05/2025 AUDITOR-CONTROLLER By 
 COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☒ APPROVAL ☐ DENIED
 COMMENTS:

Date 5/5/25 COUNTY EXECUTIVE OFFICER 

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

REMARKS:

Date 05/20/2025 DEPUTY CLERK OF THE BOARD OF SUPERVISORS 

JE NO. _____ Date _____ By: _____