

## COUNTY OF MENDOCINO

## REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Social ServicesDate 09/11/2025

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
2323	FOODSTMP/5033	825510	Federal Welfare Admin	\$ 1,237,610.00	I	\$ 84,427.68
2323	FOODSTMP/5033	865802	Operating Transfer Out	\$ 1,237,610.00	I	-\$ 370,389.52
1100	SS/5010	827802	Operating Transfer In	\$ 1,237,610.00	I	-\$ 6,481,924.20
2322	MEDICAL/5032	865802	Operating Transfer Out	\$ 1,208,151.00	I	-\$ 1,208,151.00
1100	SS/5010	827802	Operating Transfer In	\$ 1,208,151.00	I	-\$ 6,481,924.20

The approved DFA 431for FY 24/25 Q4, had an increase to Federal Food Stamps which was not reflected in the originally budget. The first set of lines is to increase the budget to allow Social Services to draw down from budget unit 5033 FOODSTMP-865802 and transfer to Budget Unit 5010 SS-827802 Operating Transfer In.

The increase to MEDICAL is an Administrative Clean-up with no additional cost to the County. Request is to utilize Fund Balance from 2322-760000 to offset expenses in Budget Unit 5010 SS-827802.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY

DeNeese Parker

Digitally signed by DeNeese Parker  
Date: 2025.09.15 15:01:50 -07'00'Prepared by: Rhonda BrownPh: 707-463-7759Email: brownr@mendocinocounty.org

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. 2025-06T013Date 09/17/2025

AUDITOR-CONTROLLER BY



COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION☒ APPROVAL☐ DENIED

COMMENTS:

Sara Pierce

Digitally signed by Sara Pierce  
Date: 2025.09.15 14:21:05 -07'00'

Date \_\_\_\_\_

COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date \_\_\_\_\_

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. \_\_\_\_\_

Date \_\_\_\_\_

By: \_\_\_\_\_