

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

Dept./Office: Probation

Date 09/21/2020

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	PR/2560	823310	Asset Forfeiture	\$ 20,000.00	I	0
1100	PR/2560	826390	Other Charges	\$ 20,000.00	I	2,354.20
1100	PR/2560	825490	State Other	\$ 16,813.28	I	4,303,214.54
1100	PR/2560	862232	Law Enforce Supp & Serv	\$ 56,813.28	I	18,827.86

Probations portable radios are out of date and are not recommended for use as first responders. Source of Funds: The District Attorney, Sheriffs Office and Task Force have agreed to cover \$50,000 of cost towards upgrades from the DA State Asset Forfeiture Account (\$20,000: 2110-760220) and Sheriffs Office CAL METT Grant Funds (\$10,000: 4740-750000) and Major Crimes Task Force funds (\$20,000). Probation will cover the remaining \$6,813.28 through Community Corrections (CCPIF) (\$6,813.28: 2410-760449) funds. Upon approval funds will be transferred.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By [Signature]
Prepared by: Cathy White Ph: 234-6913 Email: whitec@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: Sources of funds: 760220 = \$1,199,344.86
4740-750000 = \$276,610.96, Major Crimes Task Force: UNKIND
760449 = \$520,419.77. Total appears to be Net Zero Neg Impact
No. 09T005 Date 9/25/20 AUDITOR-CONTROLLER By [Signature]



COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 9/28/20 [Signature]
COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date 10-9-20 [Signature]
DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____