

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

Dept./Office: BHRS

Date 06/17/2024

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
1221	MH/4050	86-3113	Pmnts to Other Gov't	\$ 3,000,000.00	I	
1221	MH/4050	86-3164	Organizational Providers	\$ 790,000.00	I	
1221	MH/4050	86-3280	Contracts to Agencies	\$ 1,050,000.00	I	
1221	MH/4050	82-5331	MH Medi-cal	\$ 4,840,000.00	I	

Increase in appropriation to MH 86-3113 to facilitate IGT transfer to from DHCS to draw down Medi-Cal FFP. This expense is returned to County with FFP payment.

Increase in appropriation to MH 86-3164 to cover shift of funds within contract MH-B23-126.

Increase in appropriation to MH 86-3280 to cover Hospitalization costs assumed from Anchor Health Management 1/1/2024.

Source of funds MH 82-5331. An increase in FFP/IGT will cover these expenses.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By 
Prepared by: Martin Kaye Ph: 472-2764 Email: kayem@mendocinocounty.gov

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:

Increasing revenue + expense. net zero to fund balance

No. _____ Date 6/19/24 Acting AUDITOR-CONTROLLER BY 


COUNTY EXECUTIVE OFFICER: RECOMMENDATION APPROVAL DENIED

COMMENTS:

Date 6/19/2024 COUNTY EXECUTIVE OFFICER 

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

REMARKS:

Date 07/09/2024 DEPUTY CLERK OF THE BOARD OF SUPERVISORS 

JE NO. _____ Date _____ By: _____