

COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Public HealthDate 10/18/2023

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
1226	IG	825341	Realignment Health Services	-\$ 601,741.20	I	0
1226	IG	862239	Special Department Expenses	\$ 601,741.20	I	0

We are requesting budget authority in the 2000 Series in IG to capture the entire amount for Public Health's Intergovernmental Transfer agreement with the California Department of Health Care Services, including the 20% Assessment Fee that is outlined in the agreement. The Revenue to offset these costs would be an increase of the amount of Realignment moved from Trust Account 760900 into IG's Revenue Series.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD BY Prepared by: Nate EnglandPh: (707) 472-2323Email: englandn@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:

The request is to appropriate budget authority to receive IGT Funding by allocating realignment as a match. Realignment will be transferred from Realignment Reserve at end of fiscal year. Current balance is \$2,212,927.

No. _____ Date 10/23/23 ACTING AUDITOR-CONTROLLER BY 

COUNTY EXECUTIVE OFFICER:

☐

RECOMMENDATION

☒

APPROVAL

☐

DENIED

COMMENTS:

Date 10/25/2023

COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: ☒ APPROVED AS REQUESTED☐

APPROVED AS REVISED

☐

OTHER

REMARKS:

Date 11/07/2023

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____