

## COUNTY OF MENDOCINO

## REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Disaster Recovery/Health InsuranceDate 06/10/2022

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
1225	DR/2910	865802-DR400	Operating Transfer Out	\$ 4,600,000.00	I	2,869,912.39
7150	HI/0715	827802	Operating Transfer In	\$ 4,600,000.00	I	0.00
1225	DR/2910	862189-DR400	Prof & Spec Svcs-Other	\$ 4,600,000.00	D	21,152,721.47

Transfer of funds from Disaster Recovery, American Rescue Plan Act (ARPA) Funding, for Fiscal Year 2021-22 County of Mendocino Health Plan Incurred expenses

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By *Sara Pierce*Prepared by: Sara PiercePh: 707-463-4441Email: pierces@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. 06T012 Date 06/13/2022 AUDITOR-CONTROLLER BY *Chamix Aubin*

COUNTY EXECUTIVE OFFICER:

☐ RECOMMENDATION☒ APPROVAL☐ DENIED

COMMENTS:

*Darce Antle*Date 6/13/2022

COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date 6/21/2022

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

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

Date \_\_\_\_\_

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