COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Sheriff-Coroner Date 07/10/2019

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	SO/2310	823310	Asset Forfeiture	$ 150,000.00	I	-0-
1100	SO/2310	865802	Oper Transfer Out	$ 150,000.00	I	-0-
1301	CA/1713	827802	Oper Transfer In	$ 150,000.00	I	1,000,000
1301	CA/1713	862189	Prof/Spec Svcs - Other	$ 150,000.00	I	1,000,000

Create Budget Appropriation for the purchase of 30% of real property at 8207 East Road, Redwood Valley, CA for Sheriff Office sub-station in the amount of $150,000. Source of funds 2110-760203 - COMMET State Asset Seizure. On July 8, 2019, the "Mental Health Treatment Act" Citizen's oversight Committee approved an item recommending purchase of real property using Measure B funds for a Regional Behavioral Health Training Facility/Mendocino County Sheriff Sub-station. Funding would be 70% from Measure B Funds; with 30% from Sheriff's Office budget asset forfeiture.

JUSTIFICATION: As stated above or attached memo. DEPARTMENT HEAD By [signature]

Prepared by: Sheriff's Office Ph: 707-463-4411 Email: allmant@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 $_____

RECEIVED JUL 11 2019 County of Mendocino Auditor Controller

REMARKS: Source of funds 2110-760203 balance = $225,387.

No OTT001 Date 7/11/19 AUDITOR-CONTROLLER By [signature]

COUNTY EXECUTIVE OFFICER: ☒ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date 7.11.19 Darcie Antle

COUNTY EXECUTIVE OFFICER

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

REMARKS:

Date 7-18-19 Karla Van Hagen

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO._____ Date_____ By:_____