

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 | 1,303,214.54 |
| 1100 | PR/2560 | 862232 | Law Enforce Supp & Serv | \$ 56,813.28 | I | 18,827.86 |
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Probations portable radios are out of date and are not recommended for use as first responders.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

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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: Unk
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: