

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

Dept./Office: Air Quality


Date 06/08/2026

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
3270	AQ/0327	827802	Operating Transfer In	\$ 230,736.00		752.15
4720	YAMV2766/0472	865802	Operating Transfer Out	\$ 230,736.00		0.00
3270	AQ/0327	862194	A87	\$ 100,223.00		-100,223.00
3270	AQ/0327	862090	Household Expense	\$ 5,000.00		-3,846.61
3270	AQ/0327	862189	Professional Services	\$ 10,000.00		-3,151.33
3270	AQ/0327	862239	Special Department Expense	\$ 13,000.00		-14,078.68
3270	AQ/0327	862229	Software Maintenance	\$ 20,000.00		8,130.00

AQ is currently over budget for FY 25-26 after receiving our FY 2025-26 Cost Allocation Plan Invoice. Our A-87 budget for this fiscal year was \$55,000.00. The actual invoice was \$155,223.00. (See attachment.) When processed, this exceeded our total budget remaining for this FY by \$51,000, preventing AQ from processing any invoices and/or payments. This request is to transfer funds from YAMV2766 to AQ per the memo dated 10/02/23 re: Agreed Upon Best Management of MCAQMD Budget Units and Fund Balances, to rectify the situation.

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

Prepared by: John Daniels

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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: Appropriation for YAMV2766 Operating Transfer out, assumes a partial use of 4720 Fund Balance

No. 2026 06T008

Date 06/08/2026

AUDITOR-CONTROLLER By 

COUNTY EXECUTIVE OFFICER:


RECOMMENDATION

APPROVAL

DENIED

COMMENTS:

Date 6/8/26


COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS: APPROVED AS REQUESTED

APPROVED AS REVISED

OTHER

REMARKS:

Date _____

DEPUTY CLERK OF THE BOARD OF SUPERVISORS

JE NO. _____

Date _____

By: _____