COUNTY OF MENDOCINO

REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept./Office: Executive Office Date 06/02/2026

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
1100	ID	862183	Legal Fees	$ 90,000.00	I	156.82
1100	FA	861011	Regular Employees	$ 90,000.00	D	99,452.34

This year has seen an increase in activity for Indigent Defense. This was budgeted lean and is in need of funding to fulfill its obligations. This funding is being re-appropriated from a General Fund budget unit that have a known surplus in FY 2025-26.

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

Prepared by: _____ Ph: _____ Email: _____

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. 2026 06T001 Date 06/03/2026 AUDITOR-CONTROLLER By _____

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☑ APPROVAL ☐ DENIED

COMMENTS:

Date 6/2/26 _____

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: _____

Revised 1/19 Approp Transf