

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 19/20

Budget Title: Animal Care and Control
Budget Unit No. 2703

Budget Transfer # B
(Admin. Office Completes this section)

TRANSFER FROM:

From: Fund 001 Dept 2703
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
717.18-00	Maint-Bldgs & Imprvmts	\$75000
		\$
		\$
		\$
		\$

TRANSFER TO:

To: Fund 001 Dept 2703
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
727.62-74	Equipment/Other	\$75000
		\$
		\$
		\$
		\$

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

Building maintenance expenses have been lower than initially expected

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

Purchase and installation of a new generator for the Animal Care and Control Shelter to prevent power loss during emergencies and potential PG&E power shut offs.

Authorized Department Signature: 

Date: 7/31/19

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER _____ DATE _____

CHAIRPERSON, BOARD OF SUPERVISORS _____ DATE _____

Auditor-Controller Use Only

Date _____ JE# _____ By: _____

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 19/20

Budget Title: Behavioral Health
Budget Unit No. 4014

Budget Transfer # B
(Admin. Office Completes this section)

TRANSFER FROM:

From: Fund 145 Dept 4014
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
740.63-13	Capital Asset Improvement	\$85,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

To: Fund 145 Dept 4014
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
740.62-74	Capital Assest	\$85,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:
These funds have not been used for Improvements.

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

LCBH will need to operate during a power outage so allocation for the installation of a generator at the our Clearlake clinic is necessary.

Authorized Department Signature: 

Date: 7/3/19

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER _____ DATE _____

CHAIRPERSON, BOARD OF SUPERVISORS _____ DATE _____

Auditor-Controller Use Only

Date _____ JE# _____ By: _____

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 19/20

Budget Title: Child Support Services
Budget Unit No. 2112

Budget Transfer #B _____
(Admin. Office Completes this section)

TRANSFER FROM:

From: Fund 107 Dept 2112
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
1.11	Salaries, Permanent	\$85,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

To: Fund 107 Dept 2112
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
62.74	Equipment/Other	\$85,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

We continue to be short staffed and in addition, do not plan on filling one of our positions this year.

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

To purchase a generator that will be needed to continue services to our customers.

Authorized Department Signature: _____

Date: 7/3/19

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER _____ DATE _____

CHAIRPERSON, BOARD OF SUPERVISORS _____ DATE _____

Auditor-Controller Use Only

Date _____ JE# _____ By: _____

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 19/20

Budget Title: Social Services Administration
Budget Unit No. 5011

Budget Transfer #B _____
(Admin. Office Completes this section)

TRANSFER FROM:

From: Fund 168 Dept 5011
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
168.53-50	Soc Svcs Realign Sls Tx	\$175,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

To: Fund 168 Dept 5011
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
168.62-74	Equipment	\$175,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

Funds will be transferred from 1991 Realignment funds.

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

Purchase and installation of a new 350kW generator for the Social Services office located at 15759 Anderson Ranch Parkway, Lower Lake to prevent power loss during emergencies and potential PG&E shut offs.

Authorized Department Signature: _____

Date: 7/9/19

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER _____ DATE _____

CHAIRPERSON, BOARD OF SUPERVISORS _____ DATE _____

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Date _____ JE# _____ By: _____

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 19/20

<p>Budget Title: <u>Victim-Witness</u></p> <p>Budget Unit No. <u>2113</u></p>	<p>Budget Transfer #B _____</p> <p>(Admin. Office Completes this section)</p>
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TRANSFER FROM:

From: Fund 001 Dept 2113
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
721.01-12	Salaries&Wages:Extra Help	\$ 13,000
721.28-30	Special Dept Exp:Supp&Svcs	\$ 22,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

To: Fund 001 Dept 2113
(000) (0000)

<u>Account</u> (000.00-00)	<u>Account Title</u>	<u>Amount</u>
721.62-74	Cap FA-Equipment:Other	\$ 35,000
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

01-12: The last day for one of the Extra Help employees will be July 12, 2019.

28-30: The grant expenditures for the Victim Services grant will be reduced.

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

62-74: The purchase and installation of a back-up generator was not anticipated nor budgeted for

Authorized Department Signature:  Date: 7/3/19

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER _____ DATE _____

CHAIRPERSON, BOARD OF SUPERVISORS _____ DATE _____

Auditor-Controller Use Only

Date _____ JE# _____ By: _____