

COUNTY OF HUMBOLDT  
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

# A \_\_\_\_\_

Department: Sheriff's Office Department # 25

Posting Date 12/9/2025

**1.) The reason for this budget transfer request is:**

_____	Transfer within expenditure/revenue category (with AC Approval)	Original only
_____	Transfer between expenditure/revenue category (with CAO & AC Approval)	Original +1
_____	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
_____	Transfer to or from Contingencies (with Board Approval)*	Original +1
<u>X</u>	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
_____	Establish/transfer funds in Fixed Assets <\$10,000 (CAO & AC Approval)	Original +1
_____	Establish/transfer funds in Fixed Assets >\$10,000 (with Board Approval)*	Original +1

2) Transfer to Account			Transfer from Account:	
Amount:	Number:	Name:	Number:	Name:
1,396,000.00	1100490001-505053	PATH-JI	1100243901-505053	PATH-JI
1,282,191.00	1100490001-2118	Professional Services	1100243901-2118	Professional Services
50,000.00	1100490001-2123	Special Departmental	1100243901-2123	Special Departmental
37,455.00	1100490001-1100	Salary	1100243901-2118	Professional Services
11,375.00	1100490001-1470	Health	1100243901-2118	Professional Services
37.00	1100490001-1471	Life Insurance	1100243901-2118	Professional Services
253.00	1100490001-1472	Dental	1100243901-2118	Professional Services
86.00	1100490001-1450	SUI	1100243901-2118	Professional Services
10,989.00	1100490001-1500	PERS	1100243901-2118	Professional Services
749.00	1100490001-1510	PARS	1100243901-2118	Professional Services
2,865.00	1100490001-1600	FICA & Medicare	1100243901-2118	Professional Services
760,000.00	1100490002-505053	PATH-JI	1100234-505053	PATH-JI
760,000.00	1100490002-2118	Professional Services	1100234-2118	Professional Services
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**3.) In the space below, state (a) reason for transfer request, (b) reason why there are sufficient balances in affected accounts, and (c) why transfer cannot be delayed until next budget year.**

- a.) Move appropriations from Correctional Facility and Juvenile Hall to Medical Care.  
\_\_\_\_\_  
\_\_\_\_\_
- b.) Accounting change for the CalAIM grant program.  
\_\_\_\_\_
- c.) Accounting change requested in FY2025-26 to mirror the collaboration occurring for the CalAIM program.  
\_\_\_\_\_  
\_\_\_\_\_

**4.) Department Head Approval** \_\_\_\_\_ Date: \_\_\_\_\_ (signed) \_\_\_\_\_

**5.) Balances verified by Auditor-Controller** \_\_\_\_\_ Date: \_\_\_\_\_ (signed) \_\_\_\_\_

**6.)** \_\_\_\_/Approved \_\_\_\_/Not approved \_\_\_\_/Recommended \_\_\_\_/Not recommended

County Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_ (signed) \_\_\_\_\_

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.

\* Requires copy of Board Order to be attached Revised 03/19

Posted by: \_\_\_\_\_