COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

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	DEPARTMENT:	PROBATION	_ DEPA	ARTMENT #: 29	94 POSTING DAT	E: 6/30/2022	
1.)	The reason for this	budget transfer request is: Transfer within expenditure/revenue category (with Auditor Approval) Transfer between expenditure/revenue category (with CAO & Auditor Approval) Increase/decrease Interfund Transfer account (with Board Approval)* Transfer to or from Contingencies (with Board Approval)* Increase/decrease budget unit appropriation (with Board approval)* Establish/transfer funds in Fixed Assets <\$10,000 (CAO & Auditor Approval)* Original +1 Original +1 Original +1 Original +1 Original +1 Original +1					
	Transfer to Account:			Transfer from Account:			
2.)	Amount:	Number:	Name:	Number:		Name: SUPPORT & CARE OF PERS	
	\$ 600,000.00	3741294-9284	IE-DRUG MEDI-CAL	3741294-399	99 SUPPORT&C	JARE OF PERS	
			_				
			<u> </u>				
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.) To allow HCPD to journal the Probation portion of the County's Drug MediCal match to DHHS							
<u>b) T</u>	hese funds were n	reviously allocated for	the purpose of subsic	lizing SUD treatme	ent for realignment of	fenders which	
is no	w covered through	Drug MediCal			•		
		nsible for the Per Utili funds from Probatior	zer Per Month (PUPM to meet those costs) rate as well as a _l	per person per montl	n administrative	
4.)	epartment Head A	pproval:	Date	<u>7/14/2022</u> (sign	ned) ShawM &	Vermennay	
5.) E	alances verified by	Auditor-Controller	Date	(sign	ned)		
6.) _	/Approved	/Not approved	/Recommend	ded/Not r	ecommended		
	County Admini	strative Officer:	Date	(sign	ned)		
			INSTRUCTION	IS			
SEN	D ORIGINAL REQUE	ST FOR BUDGET TRAI	NSFER DIRECTLY TO T	HE AUDITOR-CONT	TROLLER.		
* Requires copy of Board Order to be attached Revise			Revised 03/19	Poste	ed by		