



COUNTY OF DEL NORTE

Department of Child Support Services

P.O. Box 66, 983 Third Street

Crescent City, CA 95531


(866) 901-3212

Fax (707) 465-0126

dcss@co.del-norte.ca.us

AGENDA DATE: August 9, 2016

TO: Del Norte County Board of Supervisors

FROM: Nola Penna, Assistant Director
Department of Child Support Services 

SUBJECT: Budget Transfers for FY 2015/2016, Multiple,
119-219, total \$33,000.00

RECOMMENDATION FOR BOARD ACTION: Authorize budget transfers by the County Auditor to transfer Department of Child Support Services funds from Services and Supplies to Salaries and Benefits within the department.

SUMMARY & JUSTIFICATION: Budget transfers are necessary to cover July 8, 2016 Payroll. This expenditure exceeds projected costs under Salaries and Benefits through the FY 2015/2016 budget year. Funds are available for transfer from Services and Supplies as listed below as costs have been less than anticipated.

Requested transfers include;

\$13,000.00 from Professional Services 119-219-20230
\$10,000.00 from Auto – Lease 119-219-20263
\$5,000.00 from Minor Equipment 119-219-20270
\$3,000.00 from Maint. – Equipment 119-219-20170
\$1,000.00 from Maint. – Computer Equipment 119-219-20175
\$1,000.00 from Training 119-219-20291
\$33,000.00 to Salaries and Benefits 119-219-10010

ALTERNATIVE: Not approve transfers.

FINANCING: Funds are available for transfer from Services and Supplies to Salaries and Benefits with no change to the overall Board approved budget.



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CHILDREN'S IMPACT STATEMENT:


This section meets 5 of the following outcome measures for children in Del Norte County:

- Children ready for and succeeding in school.
- Children and youth are healthy and preparing for adulthood.
- Families are economically self-sufficient.
- Families are safe, stable and nurturing.
- Communities are safe and provide a high quality of life.
- No impact to Children as a result of this action.

OTHER AGENCY INVOLVEMENT:

SIGNATURE REQUIRED: Chairman of the Board of Supervisors and Clerk of the Board

ADMINISTRATIVE SIGN-OFF:

- AUDITOR: Clinton Schaad 
- COUNTY ADMINISTRATIVE OFFICER: Jay Sarina
- COUNTY COUNSEL:
- PERSONNEL:
- OTHER DEPARTMENT:

FY 2015/2016

Del Norte County Budget Transfer Request

Department Name	Fund	Dept.	Line Item	Description	Budget Transfer Amount(s)	
					Reduce Expenditures or Increase Revenue	Increase Expenditures or Reduce Revenue
DCSS FY 2015/2016	119	219	20170	MAINT - EQUIPMENT	\$ 3,000	
DCSS FY 2015/2016	119	219	20175	MAINT - COMPUTER EQUIPMENT	\$ 1,000	
DCSS FY 2015/2016	119	219	20230	PROFESSIONAL SERVICES	\$ 13,000	
DCSS FY 2015/2016	119	219	20263	LEASE - AUTO	\$ 10,000	
DCSS FY 2015/2016	119	219	20270	MINOR EQUIPMENT	\$ 5,000	
DCSS FY 2015/2016	119	219	20291	TRAINING	\$ 1,000	
DCSS FY 2015/2016	119	219	10010	PAYROLL	\$	\$ 33,000
Total Amounts					\$ 33,000	\$ 33,000

Department complete and send to Auditor's Office for transfer number before sending to CAO. Round amounts up to whole dollars.

Department Justification - Include cover letter that addresses the following: 1) Reason for request; 2) Why sufficient balances exist to finance transfer; 3) Why request can't be delayed to next budget year.

[Signature]
 Department Head Signature _____ Date 7-25-2016

Auditor's Office: Sufficient balances exist per above
 (Under \$100 Auditor's Office approves)

Deputy Auditor-Controller _____ Date 7/22/16

TR No. _____ Budget Revision No. 06-22

Includes Revenue Appropriation Requires 4/5ths Vote

County Administrative Officer: _____ Date 8/2/16
 (Under \$1000 - CAO approves)

Recommendation: _____
 Approve _____ Deny _____
 Submit for Board approval

Passed by Board of Supervisors of Del Norte County on _____

Ayes: _____
 Noes: _____
 Absent: _____

Attest: Clerk of the Board _____

By: _____
 Chairperson
 Board of Supervisors