County Of Fresno
Request for Adjustment or Additional Appropriation

Department: Department of Social Services **Date:** June 6, 2017

Oscar J. Garcia, CPA, Auditor-Controller/Treasurer-Tax Collector:
Please report as to proper accounting form and available balances and forward to County Administrative Officer for recommendation.

Budget Transfer Number:	Total of all pages:
24	$517,934.00

Transfer FROM Account Title	Required Account (4 Char.)	Required Fund (4 Char.)	Required Org (4 or 8 Char.)	Required Program (5 Char.)	Required Subclass (5 Char.)	Required Budget Year	Required Amount Debit or (Credit)
Support and Care of Persons	7870	0001	6410	0	10000	2017	$258,967.00
Transfer TO Account Title							
Support and Care of Persons	7870	0001	6415	0	10000	2017	$258,967.00

Reason for Adjustment:

Unanticipated increases in caseload and average grant due to caseload growth and CCR implementation will be offset with caseload decrease in the Foster Care budget.

Department Head Signature By: _____ Date: 5/15/2017

Adequate Appropriations: Yes ☑ No ☐ By: _____ Date: 5/25/17
Auditor-Controller/Treasurer-Tax Collector

Approved: ☑ **Disapproved:** ☐ **Comments:**

County Administrative Officer By: _____ Date: 5/25/17

Board of Supervisors: Approved: ☑ Disapproved: ☐

Referred to: _____

Clerk to the Board By: _____ Date: 6/6/17

FCAC-115 (eForms-12-16)