

**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:**

24

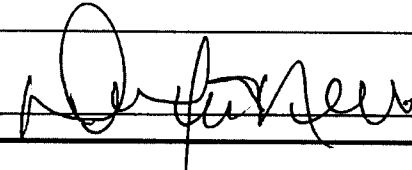
**Total of all pages:**

\$517,934.00

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

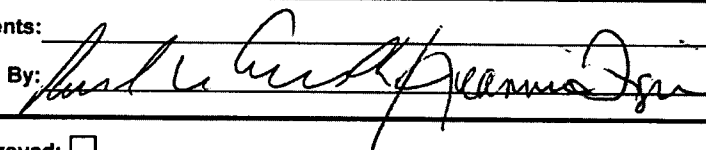
By: 

Auditor-Controller/Treasurer-Tax Collector

Date: 5/25/17

Approved: ☒ Disapproved: ☐

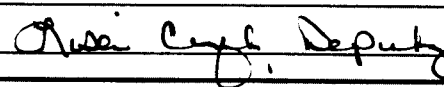
Comments:

County Administrative Officer By: 

Date: 5/25/17

Board of Supervisors: Approved: ☒ Disapproved: ☐

Referred to:

Clerk to the Board By: 

Date: 6/6/17