

**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:**

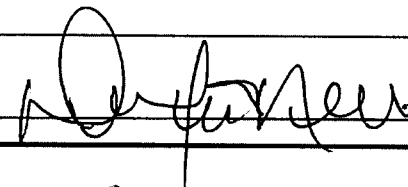
\$517,934.00

Transfer FROM 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.

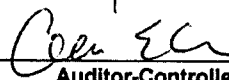
Department Head Signature By:



Date: 5/15/2017

Adequate Appropriations: Yes ☒ No ☐

By:



Auditor-Controller/Treasurer-Tax Collector

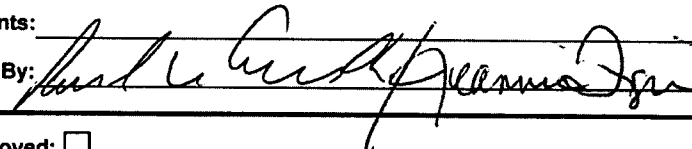
Date:

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