

BUDGET APPROPRIATION TRANSFER REQUEST

DEPARTMENT

Health and Human Services

FISCAL YEAR

25/26

Date:

5/4/2026

Rule Code

BD02

Transferring remaining funds from grant fund balance to cover direct expenses for clients. This transfer will cover the remaining invoices to end the HHAP-3 grant. We were able to expend the funds quicker than anticipated.

BUDGET TRANSFER FROM:

[illegible]

BUDGET TRANSFER TO:

[illegible]

COUNTY ADMINISTRATOR

DATE _____

Official Use Only:

BOARD ACTION REQUIRED?

YES

NO

SIGNATURE OF REQUESTING OFFICIAL

DATE _____

DATE 7/9/00

AYES.

NOES:

ABSENT:

CHAIR, BOARD OF SUPERVISORS

CLERK OF THE BOARD

DATE _____

TRANSFER APPROVED

White - Auditor

Canary - Clerk

Pink - Originating Department

AUDITOR