Legislation Text

File #: 21-4797, **Version:** 1

Department: Auditor

Department Head/Elected Official: Michael Post

Regular or Supplemental RCA:
☒ Regular RCA
☐ Supplemental RCA

Type of Request: Transmittal

Project ID (if applicable):NA
Vendor/Entity Legal Name (if applicable):NA
MWDBE Participation (if applicable):NA

Request Summary (Agenda Caption):
Transmittal by the Auditor of the unaudited and unadjusted monthly financial report for the month ending June 30, 2021.

Background and Discussion: NA

Expected Impact: NA

Alternative Options: NA

Alignment with Goal(s):

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health

☐ Transportation
☐ Flooding
☐ Environment
☒ Governance and Customer Service**Prior Court Action (if any):**

Location:

Address (if applicable list below):

☒ Countywide
☐ Precinct 1
☐ Precinct 2

☐ Precinct 3

☐ Precinct 4**Fiscal and Personnel Summary**

Service Name	-	**FY 21-22**	**Estimates**	
			FY 22	**Next 3 FYs**
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		**-**	**-**	**-**
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	**-**	**-**	**-**
Total Current Budget		-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	**-**	**-**	**-**
Total Additional Budget Requested		-	-	-
Total Funding Sources		**-**	**-**	**-**
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		**-**	**-**	**-**

Anticipated Implementation Date:

Emergency/Disaster Recovery Note:

☒ Not an emergency, disaster recovery, or COVID-19 related item

☐ Emergency Item
☐ COVID-19 related Item
☐ Disaster Recovery related Item

Contact(s) name, title, department:

Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

Attachments (if applicable):

June Monthly Financial Report.