



## Legislation Text

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**File #:** 21-4888, **Version:** 1

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**Department:** Management and Budget

**Department Head/Elected Official:** David Berry

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):**

**Vendor/Entity Legal Name (if applicable):**

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request for approval of authorized budget appropriation transfers for the Flood Control District and certain county departments.

**Background and Discussion:**

Routine budget transfers between various departments.

**Expected Impact:**

N/A - Budget transfers are between departments and have no financial impact on the overall County Budget.

**Alternative Options:**

N/A

**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

<input checked="" type="checkbox"/> Precinct 4 <b>Fiscal and Personnel Summary</b>				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures	-	-	-	-
Non-Labor Expenditures	-	-	-	-
<b>Total Incremental Expenditures</b>	-	-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	-	-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested	-	-	-	-
<b>Total Funding Sources</b>	-	-	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Requested	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**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:**

**Mike Mattingly, Grant Analyst, Management and Budget**

**Attachments (if applicable):**

The Budget Transfer List has been provided.