

## **ATTACHMENT 2**

### **BUDGET ADJUSTMENTS AUD 308s**

## AUD-308 - Budget Adjustment Form

2:30 PM

01/00/00								9/25			2025
Date				Document ID Number		Accounting Period				Budget Fiscal Year	
				Agricultural Commissioner		Christopher Greer		559-684-3371			
				Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	015	015SSUP					1,275,673	1,503,723	228,050	
C	001	015	015CAP					425,000	532,000	107,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	

## Appropriations Total

Need Not Equal Zero

1,700,673

2,035,723

335,050

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	001	015	015SSUP	2151	7074			22,000	40,000	18,000	
C	001	015	015SSUP	2151	7066			143,415	308,465	165,050	
C	001	015		2151		5040		1,157,763	1,492,813	(335,050)	
C	001	015	015SSUP	2151	7062			65,000	75,000	10,000	
A	001	015	015CAP	2113	8302				37,000	37,000	
C	001	015	015SSUP	2103	7001			215,000	250,000	35,000	
A	001	015	015CAP	2151	8335				70,000	70,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	

## Line Total

Must Equal Zero

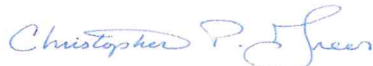
\$ 1,603,178

\$ 2,273,278

\$ -

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To recognize increased unbudgeted revenue from UGT (Unclaimed Gas Tax) into Ag Commissioner's Department Budget (001-015), to increase in Travel & Transportation, Special Department Expenses, Rental Expenses, Agricultural Services (Bait Purchases), and purchase 2 capital assets




Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:  \_\_\_\_\_  
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa

## County of Tulare — Auditor Controller

### Budget Adjustment Form

[illegible]



# County of Tulare — Auditor Controller Budget Adjustment Form

03/10/25				Document ID Number		8/2025		2025	
Date						Accounting Period		Budget Fiscal Year	
				FIRE		NANCY RENOVATO		802-9804	
				Agency Name		Contact Person		Phone	

Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt
C	013	245	245SBEN					22,605,031	27,005,031	4,400,000
C	013	245	245SSUP					3,702,778	4,017,778	315,000
C	013	245	245OTH					100	175	75
C	013	245	245GS					583,699	683,699	100,000
C	013	245	245INTRA					3,748,140	3,803,140	55,000
C	013	245	245CAP					1,192,572	1,662,572	470,000
										-
<b>Appropriations Total</b>							<i>Need Not Equal Zero</i>	<b>31,832,320</b>	<b>37,172,395</b>	<b>5,340,075</b>

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt
C	013	245	245SBEN	2600	6002				4,400,000	4,400,000
C	013	245	245SSUP	2200	7066			1,019,899	1,334,899	315,000
C	013	245	245OTH	2200	7421			100	175	75
C	013	245	245GS	2100	9311			435,811	535,811	100,000
C	013	245	245INTRA	2100	9340			750,000	805,000	55,000
C	013	245	245CAP	2500	8342			216,000	686,000	470,000
A	013	245		2100		9200			470,000	(470,000)
										-
										-
C	013	245		2600		5048			2,929,109	(2,929,109)
										-
	517	517	517INTRA	1000	9100					-
										-
<b>Line Total</b>							<i>Must Equal Zero</i>	<b>\$ 2,421,810</b>	<b>\$ 11,160,994</b>	<b>\$ 1,940,966</b>

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

AT MIDYEAR FY2025, THE DEPARTMENT NEEDS TO INCREASE APPROPRIATIONS DUE TO UNANTICIPATED EXPENSES FROM ASSISTING IN LOCAL AND STATE FIRE INCIDENTS. SALARIES & BENEFITS \$4,400,000. SUPPLIES & SERVICES \$315,000. OTHER SERVICES \$75. GENERAL SERVICES \$100,000. INTRA SERVICES \$55,000. ADDITIONALLY, THE FIRE DEPARTMENT WILL PURCHASE 7 FIRE VEHICLES TOTALING \$470,000 FROM THE EQUIPMENT FUND. THE DEPARTMENT HAS UNRECOGNIZED CASH TOTALING \$2,929,109 TO OFFSET SOME OF THE SHORTFALL. THE REMAINING \$1,940,966 WILL BE ABSORBED BY FUND BALANCE.

Affected Dept Head Signature

\_\_\_\_\_  
Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ☐ ) Disapproved

By:   
 Board of Supervisors Action: No. 2025-0212 Date: 3/19/2025

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

**\*\* Action Codes: A=Add, C=Change, D=Deactivate**

- \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**
- \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
- \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



## AUD-308 - Budget Adjustment Form

3:48 PM

3/18/2025								09/25		2025	
Date				Document ID Number		Accounting Period		Budget Fiscal Year			
				General Services Agency		Tina Urton		205-1107			
				Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	067	067	067CAP					78,000	170,000	92,000	
C	067	067	067SSUP					6,065,883	5,973,883	(92,000)	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
Appropriations Total							Need Not Equal Zero	6,143,883	6,143,883	-	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	067	067	067CAP	3010	8349			78,000	170,000	92,000	
C	067	067	067SSUP	3010	7066			200,000	108,000	(92,000)	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
							Must Equal Zero	\$ 278,000	\$ 278,000	\$ -	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Transfer budget to purchase a Ford Lightning extended range truck to replace truck # 0609.

Tina Urton 3/18/25  
Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Distribution: 1: BOS/CAO/Auditor

By: [Signature]  
Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa

## AUD-308 - Budget Adjustment Form

3:48 PM

3/18/2025								09/25				2025	
Date						Document ID Number		Accounting Period				Budget Fiscal Year	
						General Services Agency		Brenda B Medrano		205-1117			
						Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt			
C	070	070	070SSUP					7,080,100	6,896,100	(184,000)			
C	070	070	070CAP					20,000	204,000	184,000			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
Appropriations Total							Need Not Equal Zero	7,100,100	7,100,100	-			
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt			
C	070	070	070SSUP	7200	7106			4,759,000	4,575,000	(184,000)			
A	070	070	070CAP	7200	8349				184,000	184,000			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
							Must Equal Zero	\$ 4,759,000	\$ 4,759,000	\$ -			

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Transfer budget line to purchase two Electric Trucks to provide safe and reliable transportation for customers. There is no net county cost.

Timothy Anderson 3/18/25  
Affected Dept Head Signature

\_\_\_\_\_  
Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Distribution: 1: BOS/CAO/Auditor

By: [Signature]  
Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

- \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**
- \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
- \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



## AUD-308 - Budget Adjustment Form

3:48 PM

3/18/2025								09/25				2025	
Date				Document ID Number		Accounting Period		Brenda B Medrano		205-1117		Budget Fiscal Year	
				General Services Agency		Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt			
C	001	087	087SSUP					1,561,703	1,533,703	(28,000)			
C	001	087	087CAP					327,641	355,641	28,000			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
Appropriations Total							Need Not Equal Zero	1,889,344	1,889,344	-			
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt			
C	001	087	087SSUP	1140	7043			135,000	127,000	(8,000)			
A	001	087	087CAP	1140	8300				28,000	28,000			
C	001	087	087SSUP	1140	7011			20,000		(20,000)			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
							Must Equal Zero	\$ 155,000	\$ 155,000	\$ -			

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Transfer budget to purchase APX8500 All Band MP Mobile and Pressurized Exhaust Rodent Controller.

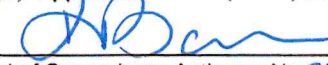
 3/10/25

Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:  \_\_\_\_\_  
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa




# AUD-308 - Budget Adjustment Form

4:39 PM

02/05/25								09/25		2025	
Date				Document ID Number		Accounting Period		Budget Fiscal Year			
				Health & Human Services Agency		Sjahari Pullom		4-8043			
				Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	142	142SSUP					239,793,535	239,764,010	(29,525)	
C	001	142	142CAP					2,087,806	2,117,331	29,525	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Appropriations Total</b>							Need Not Equal Zero	241,881,341	241,881,341	(0)	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	001	142	142SSUP	6082	7066			708,342	678,817	(29,525)	
A	001	142	142CAP	6082	8306				29,525	29,525	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Line Total</b>							Must Equal Zero	\$ 708,342	\$ 708,342	\$ 0	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)


This AUD-308 is being submitted to move funds from 001-142-6082-7066 (special departmental expenses) to 001-142-6082-8306 (the appropriate capital asset line for computer equipment) in order to facilitate a Mid-Year capital purchase of two high-performance forensic computers by the Office of Emergency Services on behalf of the Tulare County Sheriff's Office. A capital purchase form has also been submitted.

  
 Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:   
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

**\*\* Action Codes: A=Add, C=Change, D=Deactivate**  
 \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**  
 \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa  
 \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa


# AUD-308 - Budget Adjustment Form

4:20 PM

02/05/25								09/25		2025	
Date				Document ID Number		Accounting Period		Budget Fiscal Year			
				HHSA		Cassie Lewis		559-624-7350			
				Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	142	142CAP					2,087,806	2,120,806	33,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Appropriations Total</b>							Need Not Equal Zero	2,087,806	2,120,806	33,000	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	001	142	142CAP	6115	8317			305,000	338,000	33,000	
C	001	142		6115		5249		353,956	386,956	(33,000)	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Line Total</b>							Must Equal Zero	\$ 658,956	\$ 724,956	\$ -	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)


This AUD-308 is being submitted to facilitate a Mid-Year capital assets purchase by the Tulare County Public Health Lab (PHL). The PHL needs two (2) biosafety cabinets and associated accessories for handling of infectious substances during infectious disease testing processes, in compliance with biosafety regulations. This includes the processing of COVID-19 samples.

  
 Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:   
 Board of Supervisors Action: No. 7575-0212 Date: 3/19/2025

**\*\* Action Codes: A=Add, C=Change, D=Deactivate**  
 \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**  
 \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa  
 \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa




# AUD-308 - Budget Adjustment Form

3:26 PM

02/05/25								9/25		2025	
Date				Document ID Number		Accounting Period		Budget Fiscal Year			
				Health and Human Services Agency		Chad Stapleton		624-8017		N/A	
				Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	142	142SSUP					239,793,535	240,043,535	250,000	
C	018	018	018INTRA					13,656,804	14,656,804	1,000,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Appropriations Total</b>							Need Not Equal Zero	253,450,339	254,700,339	1,250,000	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	001	142		6011		9227			750,000	(750,000)	
C	001	142		6011		4203		3,700,000	2,950,000	750,000	
C	001	142		3001		9227			250,000	(250,000)	
C	001	142	142SSUP	3001	7043			390,733	640,733	250,000	
C	018	018	018INTRA	3010	9127			13,656,803	14,656,803	1,000,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
<b>Line Total</b>							Must Equal Zero	\$ 17,747,536	\$ 19,247,536	\$ 1,000,000	

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)


The purpose of this adjustment is to modify the budget to allow for increased realignment transfers to cover additional costs in Public Health Units for fiscal year 2025

  
 Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved


Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:   
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

**\*\* Action Codes: A=Add, C=Change, D=Deactivate**  
 \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, **except for ISFs**  
 \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa  
 \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



County of Tulare — Auditor Controller  
Budget Adjustment Form

2:57 PM			
3/18/2025			
Date			
Document ID Number			
TCICT			
Agency Name			
09/25		2025	
Accounting Period		Budget Fiscal Year	
S Murch		27314	
Contact Person		Phone	
24/25		Extension	
Action** A,C,D	Fund	Dept	Appr #
C	035	090	090INTRA
LEVEL 1 Finish Here			
Current Amount		Revised Amount	
36,937		108,937	
Inc / Dec Amt		72,000	
Need Not Equal Zero			
36,937		108,937	
72,000			
Appropriations Total			
Action** A,C,D	Fund	Dept	Appr #
A	035	090	090INTRA
A	071	090	-----
LEVEL 2 Start Here			
Current Amt		Revised Amount	
\$ -		\$ 72,000.00	
\$ -		\$ 72,000.00	
\$ -		\$ (72,000.00)	
Line Total			
Must Equal Zero		\$ -	
\$ 144,000.00		\$ -	
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)			
To record the fiscal year 2024/25 mid-year changes BAI scheduled for 03/18/2025 To move CGI AfIn Funds provided by the Auditors Team to Cover AFIN Upgrade Costs - Will reduce 24/25 CGI AfIn Spread to Dept's Was part of the 23/24 Budget plan - this facilities the remainder of the funds that should have occurred in 24/25, but the lines were not open See Steven Murch with Questions - 559.622.7314 or via email @ smurch@tularecounty.ca.gov			
Steven Murch - TCICT Fiscal Manager		Not Applicable	
Affected Dept Head Signature		Other Affected Dept Head Signature	
Checked By: _____		Entered By: _____	
County Executive Office Action: No. _____ Date: _____		Date: _____	
( <input checked="" type="checkbox"/> ) Approved ( <input type="checkbox"/> ) Disapproved		Distribution: 1: BOS/CAO/Auditor	
By: 			
Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025			
** Action Codes: A=Add, C=Change, D=Deactivate			
* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs			
* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa			
* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa			

## AUD-308 - Budget Adjustment Form

3:48 PM

3/18/2025								09/25				2025	
Date						Document ID Number		Accounting Period				Budget Fiscal Year	
						General Services Agency		Brenda B Medrano		205-1117			
						Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt			
C	076	076	076SSUP					1,268,899	1,568,899	300,000			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
Appropriations Total							Need Not Equal Zero	1,268,899	1,568,899	300,000			
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt			
C	076	076	076SSP	7600	7116			1,072,641	1,372,641	300,000			
	076	076		7600		9422		1,082,048	1,382,048	(300,000)			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
							Must Equal Zero	\$ 2,154,689	\$ 2,754,689	\$ -			

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Increase appropriation for the purchase of postage through year end.




Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By:   
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



## AUD-308 - Budget Adjustment Form


2:20 PM

02/26/25								0925				2025	
Date						Document ID Number		Accounting Period				Budget Fiscal Year	
						County Administrative Office		Cassie Alegre		6-5021			
						Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				<b>LEVEL 1 Finish Here</b>		Current Amount	Revised Amount	Inc / Dec Amt		
C	001	012	012SSUP						9,013,684	8,986,391	(27,293)		
C	001	010	010SBEN						1,453,705	1,480,998	27,293		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
<b>Appropriations Total</b>							Need Not Equal Zero		10,467,389	10,467,389	-		
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	<b>LEVEL 2 Start Here</b>		Current Amt	Revised Amount	Inc / Dec Amt		
C	001	012	012SSUP	1010	7066				4,497,343	4,470,050	(27,293)		
C	001	012	012INTRA	1010	9100				19,150,901	19,178,194	27,293		
C	001	010	010SBEN	1010	6004				111,674	138,967	27,293		
A	001	010		1010		9200			-	27,293	(27,293)		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
<b>Line Total</b>							Must Equal Zero		\$ 23,759,918	\$ 23,814,504	\$ -		

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)


Adjust budget to cover unexpected one-time benefit costs.

 2/26/25  
Affected Dept Head Signature

  
Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Distribution: 1: BOS/CAO/Auditor

By:   
Board of Supervisors Action: No. 2625-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



## County of Tulare — Auditor Controller Budget Adjustment Form

02/05/25								8/25		4:55 PM	
Date						Document ID Number		Accounting Period		2025	
						Probation		Choua Yang		608-9183	
						Agency Name		Contact Person		Phone	
						Extension					
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	205	205CAP					2,293,250	2,256,250	(37,000)	
C	001	205	205SSUP					14,328,945	14,340,945	12,000	
C	001	205	205OTH					100,272	125,272	25,000	
										-	
										-	
										-	
										-	
										-	
										-	
Appropriations Total							Need Not Equal Zero	16,722,467	16,722,467	-	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt	
C	001	205	205CAP	1300	8305			25,000		(25,000)	
C	001	205	205CAP	1300	8307			12,000		(12,000)	
C	001	205	205SSUP	1300	7004			44,200	56,200	12,000	
C	001	205	205OTH	2850	7500			100,000	125,000	25,000	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
Line Total							Must Equal Zero	\$ 181,200	\$ 181,200	\$ -	
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail) :											
The Department does not plan to purchase cafeteria and criminal justice equipment and will move savings to 001-205-1300-7004 for anticipated cost increase of JDF youth Clothing and Personal Supplies and 001-205-2850-7500 Support and Care for SYTF youth housed at Fresno County Juvenile Justice Campus.											
Affected Dept Head Signature						Other Affected Dept Head Signature					
Checked By:								Entered By:			
County Executive Office Action: No.      Date:								Date:			
( ) Approved      ( ) Disapproved								Distribution:      1: BOS/CAO/Auditor			
By: [Signature]											
Board of Supervisors Action: No. 2025-0212 Date: 3/19/2025											
*** Action Codes: A=Add, C=Change, D=Deactivate											
* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs											
* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa											
* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa											

## AUD-308 - Budget Adjustment Form

1:17 PM

3/18/2025								09/25				2025	
Date						Document ID Number		Accounting Period				Budget Fiscal Year	
						General Services Agency		Brenda B Medrano		205-1117			
						Agency Name		Contact Person		Phone		Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt			
A	073	073	073CAP						45,000	45,000			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
Appropriations Total							Need Not Equal Zero	-	45,000	45,000			
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt			
A	073	073	073CAP	7300	8349				45,000	45,000			
									45,000	(45,000)			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
										-			
							Must Equal Zero	\$ -	\$ 90,000	\$ -			

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Open budget line to purchase Ford Escape Hybrid. There is no net county cost. The funding for this capital asset will come from Fund Balance.

Tina Linder 3/18/25

Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ☒ ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By: [Signature]  
 Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs


\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



# County of Tulare — Auditor Controller

## Budget Adjustment Form

02/20/25							8/25		2:19 PM	
Date:				Document ID Number			Accounting Period		2025	
				Public Defender			Stephanie Mejia		636-4500	
				Agency Name			Contact Person		Phone	
									Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt
C	001	210	210 S SR					1,794,304	1,821,007	26,703
										-
										-
										-
										-
										-
										-
										-
										-
<b>Appropriations Total</b>							Need Not Equal Zero	1,794,304	1,821,007	26,703
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt
C	001	210	210SSUP	1210	7043			61,350	88,053	26,703
C	001	210		1210		5072		25,000	51,703	(26,703)
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
<b>Line Total</b>							Must Equal Zero	\$ 86,350	\$ 139,756	\$ 0
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)										
<p>To account for unanticipated increased revenue from SB90 funds received in Fiscal Year 2024-2025, and increase offsetting expenses to object codes 7043.</p>										
Affected Dept Head Signature						Other Affected Dept Head Signature				
Checked By: _____						Entered By: _____				
County Executive Office Action: No. _____ Date: _____						Date: _____				
( <input checked="" type="checkbox"/> ) Approved ( ) Disapproved						Distribution: 1: BOS/CAO/Auditor				
By: 										
Board of Supervisors Action: No. 2025-0212 Date: 2/18/2025										
<p>** Action Codes: A=Add; C=Change; D=Deactivate</p> <p>* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs.</p> <p>* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa</p> <p>* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa</p>										



## County of Tulare — Auditor Controller Budget Adjustment Form

02/24/25										8/25		11:37 AM	
Date:							Document ID Number			Accounting Period		2025	
							Public Defender			Stephanie Mejia		636-4500	
							Agency Name			Contact Person		Phone Extension	
Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here			Current Amount	Revised Amount	Inc./Dec Amt	
C	001	210	210SBEN							14,345,172	14,300,172	(45,000)	
C	001	210	210SSUP							1,794,204	1,839,204	45,000	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
Appropriations Total							Need Not Equal Zero			16,139,376	16,139,376	-	
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here			Current Amt	Revised Amount	Inc./Dec Amt	
C	001	210	210SSUP	1210	7043					61,350	106,350	45,000	
C	001	210	210SBEN	1210	6001					9,454,625	9,409,625	(45,000)	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
												-	
Line Total							Must Equal Zero			\$ 9,515,975	\$ 9,515,975	\$ -	
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail):													
To account for unanticipated Professional & Specialized expenses for the remanding of Fiscal Year 2024-2025, and increase offsetting expenses to object codes 7043.													
Affected Dept Head Signature _____ Other Affected Dept Head Signature _____													
Checked By: _____ County Executive Office Action: No. _____ Date: _____ ( <input checked="" type="checkbox"/> ) Approved (    ) Disapproved										Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor			
By: _____ Board of Supervisors Action: No. 2025 0217 Date: 3/19/2025													
** Action Codes: A=Add, C=Change, D=Deactivate * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa													

4:46 PM

[illegible]



# County of Tulare — Auditor Controller

## Budget Adjustment Form

02/07/25							9/25		6:22 PM	
Date				Document ID Number			Accounting Period		2025	
				Sheriff's Office			Alfredo Parra		802-9457	
				Agency Name			Contact Person		Phone	
									Extension	

Action** A,C,D	Fund	Dept	Appr #				LEVEL 1 Finish Here	Current Amount	Revised Amount	Inc / Dec Amt
C	001	240	240SSUP					12,744,770	12,664,770	(80,000)
C	001	240	240CAP					821,990	901,990	80,000
										-
										-
										-
										-
										-
										-
										-
<b>Appropriations Total</b>							<i>Need Not Equal Zero</i>	<b>13,566,760</b>	<b>13,566,760</b>	<b>-</b>

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt
C	001	240	240SSUP	2100	7066			489,002	409,002	(80,000)
A	001	240	240CAP	2170	8348				80,000	80,000
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
<b>Line Total</b>							<i>Must Equal Zero</i>	<b>\$ 489,002</b>	<b>\$ 489,002</b>	<b>\$ -</b>

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To establish new object accounts to facilitate the purchase of a Trailer for the Swiftwater/Dive Rescue Team unit. No additional net County cost.

Captain Rabil

\_\_\_\_\_  
Affected Dept Head Signature

\_\_\_\_\_  
Other Affected Dept Head Signature

Checked By: \_\_\_\_\_

County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_

( ☒ ) Approved ( ☐ ) Disapproved

By:

Board of Supervisors Action: No. 2025-0212 Date: 3/18/2025

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: 1: BOS/CAO/Auditor

**\*\* Action Codes: A=Add, C=Change, D=Deactivate**

- \* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs
- \* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
- \* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa

## County of Tulare — Auditor Controller Budget Adjustment Form

02/19/25								8/25		4:21 PM		
Date				Document ID Number				Accounting Period		2025		
				Sheriff's Office				Alfredo Parra		802-9457		
				Agency Name				Contact Person		Phone		
										Extension		
Action** A,C,D		Fund	Dept	Appr #				<b>LEVEL 1 Finish Here</b>		Current Amount	Revised Amount	Inc./Dec Amt
C		001	240	240CAP						892,257	925,919	33,662
												-
												-
												-
												-
												-
												-
<b>Appropriations Total</b>					Need Not Equal Zero					<b>892,257</b>	<b>925,919</b>	<b>33,662</b>
Action** A,C,D		Fund	Dept	Appr #	Unit	Object	Rev	<b>LEVEL 2 Start Here</b>		Current Amt	Revised Amount	Inc./Dec Amt
C		001	240	240CAP	2802	8306				20,267	53,929	33,662
C		001	240		2802		5836			575,680	609,342	(33,662)
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
<b>Line Total</b>					Must Equal Zero					<b>\$ 595,947</b>	<b>\$ 663,271</b>	<b>\$ -</b>
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)												
<p style="text-align: center;">To record the expense of 14 live smartscanners as approved by Res. 2021-0869. The is no net county cost.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>Affected Dept Head Signature</p> </div> <div style="width: 45%;"> <p>Other Affected Dept Head Signature</p> </div> </div>												
Checked By: _____ County Executive Office Action: No. _____ Date: _____ ( <input checked="" type="checkbox"/> ) Approved ( <input type="checkbox"/> ) Disapproved By: Board of Supervisors Action: No. <u>2025-0212</u> Date: <u>3/13/2025</u>								Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor				
<b>** Action Codes: A=Add, C=Change, D=Deactivate</b> * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa												



## County of Tulare — Auditor Controller Budget Adjustment Form

AUD-308

