

AUD-308 - Budget Adjustment Form										7:02 AM			
April 23, 2025								11/25				2025	
Date				Document ID Number		Accounting Period				Budget Fiscal Year			
				Health and Human Services Agency		Cassandra Lewis		559-624-7490		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	142SBEN					203,391,442	203,391,442	-			
C	001	142	142RE					(49,135,220)	(49,100,419)	34,801			
C	001	142	142SSUP					240,079,224	240,151,419	72,195			
										-			
										-			
										-			
										-			
										-			
Appropriations Total							Need Not Equal Zero	394,335,446	394,442,442	106,996			
Action* * A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt			
C	001	142	142SBEN	6005	6001			835,654	810,323	(25,331)			
C	001	142	142SBEN	6005	6004			93,740	91,186	(2,554)			
C	001	142	142SBEN	6005	6011			124,397	120,701	(3,696)			
C	001	142	142SBEN	6005	6012			60,972	59,034	(1,938)			
C	001	142	142SBEN	6005	6014			42,881	41,599	(1,282)			
C	001	142	142RE	6005	9800			(1,716,334)	(1,681,533)	34,801			
										-			
A	001	142	142SBEN	6300	6001				25,331	25,331			
A	001	142	142SBEN	6300	6004				2,554	2,554			
A	001	142	142SBEN	6300	6011				3,696	3,696			
A	001	142	142SBEN	6300	6012				1,938	1,938			
A	001	142	142SBEN	6300	6014				1,282	1,282			
A	001	142	142SSUP	6300	7043				36,097	36,097			
A	001	142	142SSUP	6300	7066				36,098	36,098			
A	001	142		6300		5850			106,996	(106,996)			
									-				
Line Total							Must Equal Zero	\$ (558,690)	\$ (344,698)	\$ -			
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)													
The purpose of this budget adjustment is to establish the project budget unit, shift existing personnel costs, and increase appropriations for service and supplies for Fiscal Year 2024/2025.													
/s/Robert Stewart 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. _____ Date: _____													
** 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													