

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962 (408) 454-4066 FAX: (408) 454-4488 TDD: (408) 454-4123

AGENDA: May 5, 1998

April 21, 1998

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz. CA 95060

RE: APPROVAL OF ACCOUNTING ADJUSTMENTS TO PROVIDE FOR THE LEASE PURCHASE OF COMPUTER EQUIPMENT FOR THE HEALTH SERVICES AGENCY

Dear Board Members:

The purpose of this letter is to request Board approval of various accounting adjustments necessary to provide for the lease purchase of computer equipment for Health Services, as previously authorized in the 1997198 budget. Following several months of negotiations, the County Purchasing Agent and Health Services have secured beneficial lease rates and vendor quotes, and are now ready to finalize this time-limited agreement.

In prior years, the Health Services Agency has included lease payments in its services and supplies expenditures to facilitate recovery of lease costs from State and federal funding sources. The Auditor-Controller has advised HSA that these payments should be considered a lease purchase which requires lease capitalization. This letter recommends the accounting and budgeting actions required to accomplish lease capitalization.

It is therefore RECOMMENDED that your Board:

1. Adopt the attached resolution accepting and appropriating unanticipated revenue of \$301,636.16 for the lease purchase of personal computers for the Health Services Agency in accordance with State Controller guidelines; and

2. Authorize the County Purchasing Agent to enter into a multi-year lease agreement totaling \$301,636.16 with Calease Public Funding Corporation for the payment of computer equipment and approve the related transfer of funds from Services and Supplies to Principal on Lease Purchase.,

Sincerely,

Charles M. Moody HSA Administrator

RECOMMENDED:

Susan A. Mauriello County Administrator

cc: County Administrative Officer

Auditor-Controller County Counsel County Purchasing HSA Administration

COUNTY OF SANTA CRUZ

REQUEST FOR TRANSFER OR REVISION F BUDGET APPROPRIATIONS AND/OR FUNDS

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Distribution:
White-Board of Supervisors
Yellow-Auditor-Controller

Green-County Administrative Officer Pink-Originating Department

Goldenrod-Departmental Control Copy

BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA CRUZ, STATE OF "CALIFORNIA

RESOLUTION NO.

On the motion of Supervisor duly seconded by Supervisor the following resolution is adopted:

	RESC	LUTION ACC	CEPTING U	NANTICIPATED REV	ENUE
WHEREAS, sale - lease	the County o	f Santa Cru or HSA compu	z is a r t er system	ecipient of funds acquisition	from Installment program; and
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NOES:	SUPERVISORS					
ABSENT:	SUPERVISORS					
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ATTEST:						
Clerk o	of the Board					
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County Council
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AUD61 (Rev 5/94)