



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

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SANTA CRUZ, CA 95061-0962
(408) 454-4066 FAX: (408) 454-4488
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May 19, 1998

AGENDA: June 2, 1998

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: APPROVE TRANSFER OF APPROPRIATIONS WITHIN HEALTH SERVICES AGENCY
CLINIC BUDGETS

Dear Board Members:

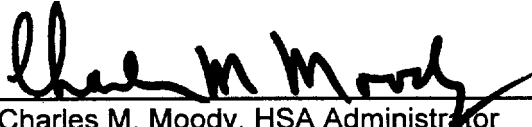
The Health Service Agency requests approval of a \$400,000 transfer of appropriations within HSA clinic budgets. A transfer is often done at this time of year to align appropriations with anticipated expenditures through the end of the fiscal year. The required "Request for Transfer or Revision of Budget Appropriations" form is attached.

Overall, this transfer is necessary to cover the anticipated cost of various clinic services and supplies, including pharmaceuticals and numerous other medical and office expenses. Funds are available from salaries and benefits for this transfer. These changes were anticipated in HSA's Estimated Actuals for the year and do not affect Net County Cost.

It is therefore RECOMMENDED that your Board:

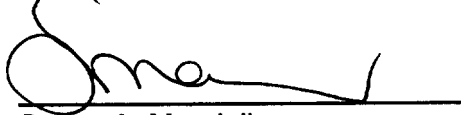
1. Approve the transfer of appropriations in the amount of \$400,000 with the Health Services Agency clinic budgets (AUD-74 form attached).

Sincerely,



Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller

HSA Administration
County Counsel

COUNTY OF SANTA CRUZ
 REQUEST FOR TRANSFER OR REVISION
 OF BUDGET APPROPRIATIONS AND/OR FUNDS

378

Department: HEALTH SERVICES AGENCY

Date: 5/19/98

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 1998

AUDITORS USE ONLY			
DOCUMENT I	AMOUNT	L/N	T/C HASH
BD			

BATCH #	
DATE	

T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT		DESCRIPTION	
					40,000,000	- SEE ATTACHED -	
T R A N S F E R	T O						
					400,000,000	SEE ATTACHED -	
F R O M							

Explanation:

Transfer \$400,000 to services and supplies from salaries and benefits within HSA clinic budgets to realign appropriations with anticipated expenses. See attached sheet.

Name C. Moody Title HSA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds as in the amounts indicated above.

Auditor-Controller, by Jana Ward, Deputy Date 5/19/98

County Administrative Officer's Action: Recommended to Board Approved Not Recommended or Approved

County Administrative Officer [Signature] Date 5/21/98

State of California } As the Clerk of the Board of Supervisor8 of the County of Santa Cruz, I do hereby certify that the foregoing request for
 ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz } duly entered in the minute6 of said Board on

_____, 19____ By _____, Deputy Clerk

Distribution:
 White-Board of Supervisors
 Yellow-Auditor-Controller
 Green-County Administrative Officer
 Pink-Originating Department
 Goldenrod-Departmental Control Copy

HEALTH SERVICES AGENCY
AUD-74 ATTACHMENT

FISCAL YEAR 1997/98

379

T/C	Index Number	Subobject Number	PRJ/UCD	Account Name	Amount
Transfer To:					
021	361270	3436	--	PHARMACY SUPPLIES	\$ 400,000
Total					\$ <u>400,000</u>
Transfer From:					
022	361100	3100	--	REGULAR PAY - PERMANENT	\$ 5,000
022	361210	3100	--	REGULAR PAY - PERMANENT	30,000
022	361231	3100	---	REGULAR PAY - PERMANENT	50,000
022	361241	3100	--	REGULAR PAY - PERMANENT	110,000
022	361270	3100	--	REGULAR PAY - PERMANENT	10,000
022	361280	3100	--	REGULAR PAY - PERMANENT	75,000
022	361331	3100	--	REGULAR PAY - PERMANENT	45,000
022	361341	3100	---	REGULAR PAY - PERMANENT	25,000
022	361370	3100	---	REGULAR PAY - PERMANENT	50,000
Total					\$ <u>400,000</u>

S:\FISCALSHR\98Close\ClinicTransfer1.xls