



county of Santa Cruz

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 454-4045 FAX: (408) 454-4842

May 26, 1998

Agenda: June 9, 1998

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95060

TRANSFER OF FUNDS IN SOCIAL SERVICES

Dear Members of the Board:

On April 21, 1998, your Board approved a transfer of funds within the Human Resources Agency (HRA) indexes to align various accounts with our estimated/actual expenditures for 1997-98.

Upon a subsequent review of our accounts, we find that we inadvertently underestimated one of our contracts, which is the only item in account 4500. We now need to transfer \$16,000 back into the account in order to meet the contract payments.

IT IS THEREFORE RECOMMENDED that your Board approve the attached Transfer of Funds in the amount of \$16,000 within the Social Services 392 100 index.

Very truly yours,

CECILIA ESPINOLA

Administrator

CE:DA:pb

RECOMMENDED

Susan A. Mauriello

County Administrative Officer

cc: Auditor-Controller

COUNTY OF SANTA CRUZ

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

0 120

Department: HRA - Social Services

Date: 5/26/98

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, 19 98

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6, , , , ,	, , , , 3, 2, 0, 0, 0, 0, 0, 0	0, 2, , , ,	, , , , 4, 3

BATCH #	
DATE	Keyed By:

	T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
T R A N S F E R	0, 2, 1	3, 9, 2, 1, 0, 0	4, 5, 0, 0	, , , , ,	1, 6, 0, 0, 0, 0, 0, 0	Food Stamp Program
F R O M	0, 2, 2	3, 9, 2, 1, 0, 0	4, 5, 4, 5	, , , , ,	1, 6, 0, 0, 0, 0, 0, 0	IHSS Program

Explanation: Correct 4/21/98 Transfer of funds which was overstated, based on revised estimated/actual expenditures.

Name Ms Anne Aaron Title Fiscal Officer

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

Auditor-Controller, by Tricia Ward, Deputy Date 5/28/98

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

County Administrative Officer Ed Sch Date 5/2 8/98

State of California } As the Clerk of the Board of Supervisors 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 minutes of said Board on

_____, 19____ By _____, Deputy Clerk

(A-C) * Desc: _____ # _____ - Budget Transfer

A-C Review		

Distribution:

BRD. NAME

AGENDA DATE

ITEM NO.

White-Board of Supervisors
Yellow-Auditor-Controller

Green-County Administrative Officer
Pink-Originating Department

Goldenrod-Departmental Control Copy

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A0874 (REV 12/94)