

HEALTH SERVICES AGENCY  
ADMINISTRATION

# 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  
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June 4, 1998

AGENDA: June 16, 1998

### BOARD OF SUPERVISORS

Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

RE: APPROVE TRANSFER OF APPROPRIATIONS FOR THE MEDICRUZ PROGRAM

Dear Board Members:

The Health Service Agency requests approval of a \$42,000 transfer of appropriations to the MediCruz program from the Public Health division to cover personnel costs through the end of this fiscal year. The required "Request for Transfer or Revision of Budget Appropriations" form is attached.

The MediCruz program has maintained full **staffing** for 1997-98 and therefore has not accrued any salary savings, which were budgeted at approximately \$42,000. Funds for this transfer are available from salary savings within the Public Health division. As with other year end budget adjustments, these changes were anticipated in HSA's Estimated **Actuals** for the year and do not affect Net County Cost.

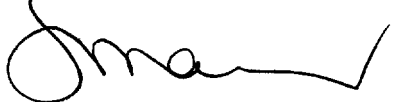
It is therefore **RECOMMENDED** that your Board:

1. Approve the transfer of appropriations in the amount of 842,000 to the MediCruz program from the Public Health division (AUD-74 form attached).

Sincerely,

  
Charles M. Moody, HSA Administrator

**RECOMMENDED:**



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller

County Counsel  
HSA Administration

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

102

Department: HEALTH SERVICES AGENCY

Date: June 4, 1998

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 #	AMOUNT	L/N	T/C	HASH
BD	8,110,000.00	2	43	

BATCH #	
DATE	

T R A N S F E R	T O	T/C	INDEX	SUBJECT	PR J/UCD	AMOUNT	DESCRIPTION
		0,2,1	3, 6, 5, 0, 0, 1	31, 0, 0	, , , , ,	, , 4, 2   0, 0, 0, 0, 0	Regular pay - permanent
F R O M		0,2,2	3, 6, 2, 5, 0, 3	31, 0, 0	, , , , ,	, , 4, 2   0, 0, 0, 0, 0	Regular pay - permanent

Explanation:

**Transfer appropriations to the MediCruz program from the Public Health division to cover anticipated personnel costs through the end of the fiscal year.**

Name [Signature] for Charles Moody Title HSA Administrator

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

Auditor-Controller, by [Signature], Deputy Date 6/5/98

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

County Administrative Officer [Signature] Date 6/5/98

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

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

Green-County Administrative Officer  
Pink-Originating Department

Goldenrod-Departmental Control Copy