



# county of Santa Cruz

## HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 4544130 OR 454-4045 FAX: (408) 454-4642

June 17, 1998

Agenda: June 23, 1998

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, California 95060

### TRANSFER OF FUNDS FOR THE FAMILY VIOLENCE RESPONSE TEAM PROJECT

Dear Members of the Board:

On June 16, 1998, your Board approved amendments to the Human Resources Agency's contracts with Defensa de Mujeres and Women's Crisis Support for the Family Violence Response Team Project. The purpose of the amendments was to increase Defensa's contract by \$11,631 and to decrease Women's Crisis Support's contract by the same amount. The related transfer of funds needed to process the contract changes was inadvertently omitted. The purpose of this letter is to request the necessary transfer.

IT IS THEREFORE RECOMMENDED that your Board approve the attached AUD-74 Transfer of Funds in the amount of \$11,631 in the Family Relations Index 392400.

Very truly yours,

  
CECILIA ESPINOLA  
Administrator

CE/JY/n:\hra\board\fvttran.wpd

Attachment

RECOMMENDED:

\_\_\_\_\_  
Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Officer  
Auditor-Controller  
County Counsel

# COUNTY OF SANTA CRUZ

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

Department: HRA - Family Relations

Date: 6/17/98

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 #		AHWNT				L/N	T/C HASH		
JE	6					2.6	2	0	0
							2		4

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT		ACCOUNT DESCRIPTION *
TRANSFER	TO	0 2 1	3 9 2 4 0 0	4 4 7 0		1 1	6 3 1 0 0	Defensa de Mujeres
	FROM	0 2 2	3 9 2 4 0 0	5 7 5 5		1 1	6 3 1 0 0	Women's Crisis Support

Explanation: Transfer funds in order to process contract changes approved on 6/16/98

Name *He Ann Alcorn* Title Fiscal Officer

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 \_\_\_\_\_, Deputy Date \_\_\_\_\_

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

County Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for  
County of Santa Cruz } duly entered in the minutes of said Board on

\_\_\_\_\_, 19\_\_\_\_, Deputy Clerk

(A-C) \* Desc: \_\_\_\_\_ # \_\_\_\_\_ - Budget Transfer

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

A-C Review		