

## 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: January 12, 1999

December 16, 1998

BOARD OF SUPERVISORS 701 Ocean Street Santa Cruz, CA 95060

## SUBJECT: REDWOODS PROGRAM STORAGE CONTAINER

Dear Members of the Board:

The Community Mental Health Division of the Health Services Agency operates the Redwoods Program, a 24-hour juvenile residential treatment facility on the grounds of the Graham Hill Probation Center in **Felton**. This facility needs to replace three small outdoor storage sheds with one large, weatherproof outdoor storage shed/container for storing tools, equipment, recreational items and other items required to successfully operate the program. The existing storage sheds are rusting and leaking. Cost of a permanent replacement storage shed/cargo container is estimated at \$3,500 to include delivery and installation.

As the cost of the container exceeds \$1,500, your Board's approval of this fixed asset purchase is requested. Mental Health anticipates using savings in its Redwoods Program building maintenance account to offset the cost of the storage container, consequently, there will be no new net County cost associated with this purchase. A transfer of funds from services and supplies to fixed assets is also requested, so that accounting expenditures can be properly recorded.

It is therefore RECOMMENDED your Board:

1) Approve the purchase by the Health Services Agency of a storage/cargo container to accommodate storage needs of the Redwoods Program at the Graham Hill Probation Center.

2) Authorize the transfer of funds in the amount of \$3,500 from the Redwood Program budget index 363116, services and supplies subobject 3405 (maintenance structures and improvements), to fixed asset subobject 8404 (equipment).

Sincerely, In Moody Charles M. Moody HSA Administrator

RECOMENDED: Susan A. Mauriello

County Administrative Officer

cc: CAO County Counsel Risk Management Auditor-Controller Community Mental Health HSA

## COUNTY OF SANTA CRUZ

REQUEST FOR TRANSFER OR REVISION

OF BUDGET APPROPRIATIONS AND/OR FUNDS

Date: December 10, 1998

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Department: Health Services Agency

## 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, 199\_\_\_9

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Explanation:

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Transfer requested funds to allow purchase of storage shed/container for placement at County Redwoods Program facility at Graham Hill Probation Center.

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County County	Administrative Off	icer's Action:	Recommended	to Board	Approved	Not Recommended or Date / 2 / 2	
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