



# County of Santa Cruz 117

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4066 FAX: (831) 454-4770 TDD: (831) 454-4123

### AGENCY ADMINISTRATIVE DIVISION

February 17, 1999

AGENDA: March 2, 1999

### BOARD OF SUPERVISORS

Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

**RE: APPROVAL OF ACCOUNTING ADJUSTMENTS TO PROVIDE FOR THE LEASE  
PURCHASE OF COMPUTER EQUIPMENT FOR THE HEALTH SERVICES AGENCY**

Dear Board Members:

The purpose of this letter is to request Board approval of various accounting adjustments necessary to provide for the lease purchase of computer equipment for the Health Services Agency which were authorized in the 1998/1999 HSA budget.

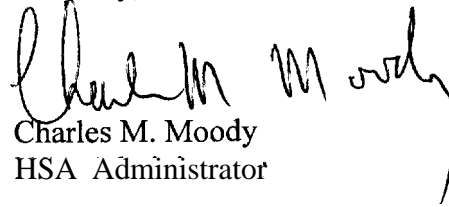
In prior years, the Health Services Agency has included lease payments in its services and supplies expenditures as a means to facilitate recovery of lease costs from State and Federal funding sources. The Auditor Controller has advised HSA that these items are considered lease purchases and require special accounting as set forth in the State Controller guidelines. This letter recommends the required accounting and budgeting actions to accomplish lease capitalization, and to assure that HSA accounting practices conform to State requirements.

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

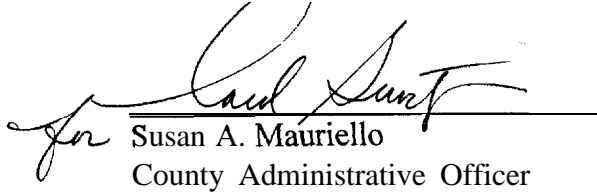
1. Adopt the attached resolution accepting and appropriating unanticipated revenue of \$204,934.98 for the lease purchase of a Digital VAX computer system and other computer related items for the Health Services Agency in accordance with State Controller guidelines; and
2. Authorize the County Purchasing Agent to add a multi-year lease schedule totaling \$204,934.98 to an existing lease agreement HSA currently has with Digital Financial Services for the payment of computer equipment, and approve the related transfer of

existing funds from Services and Supplies to Principal on Lease Purchase to pay for the first quarter lease payment.

Sincerely,

  
Charles M. Moody  
HSA Administrator

RECOMMENDED:

  
Susan A. Mauriello  
County Administrative Officer

CC: CAO  
County Counsel  
Auditor-Controller  
HSA Administration

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

0, 119

Department: Health Services Agency

Date: February 17, 1999

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\_\_\_\_

AUDITORS USE ONLY					
DOCUMENT #	AMOUNT			L/N	T/C HASH
JE 6					

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
T R A N S F E R	T O	0 2 1	3 6 0 1 1 2	4 8 3 0		1 5 8 1 2 4 9	Principal on lease/purchase
		0 2 1	3 6 0 1 1 2	4 8 7 0		1 2 6 5 5 1	Interest on lease/purchase
	F R O M	0 2 2	3 6 0 1 1 2	3 8 0 0		1 7 0 7 8 0 0	Equipment rental

Explanation:

Fund transfer to provide for lease payment of computer equipment for various HSA programs.

Name Charles M. Moody Title Health Services Agency 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 Ronald J. Silva, Deputy Date 2/23/98

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

County Administrative Officer [Signature] Date 2/24/98

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  
County of Santa Cruz } ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order  
duly entered in the minutes of said Board on

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

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

Contribution: BRD.NAME AGENDA DATE ITEM NO.  
White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy  
Yellow-Auditor-Controller Pink-Originating Department

A-C Review	

120

BEFORE THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. \_\_\_\_\_

On the motion of Supervisor \_\_\_\_\_  
duly seconded by Supervisor \_\_\_\_\_  
the following resolution is adopted:

**RESOLUTION ACCEPTING UNANTICIPATED REVENUE**

WHEREAS, the County of Santa Cruz is a recipient of funds from installment sale-lease purchase for HSA VAX acquisition program; and

WHEREAS, the County is recipient of funds in the amount of \$ 204,934.98 which are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of \$ 204,934.98 into

Department Health Services Agency

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	360112	2473	Inception of lease/purchase agreement	\$204,934.98

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	360112	8404		Equipment	\$204,934.98

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.

BY Charles M. Moody  
Department Head

Date 2/22/99

COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,  
state of California, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

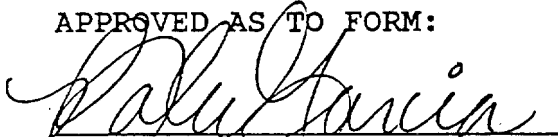
ABSENT: 'SUPERVISORS

\_\_\_\_\_  
CHAIR OF THE BOARD

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

 2/23/99  
Auditor-Controller

Distribution:

Auditor-Controller  
County Council  
County Administrative. Officer  
Originating Department