



County of Santa Cruz

SUSAN A. MAURIELLO, J.D., COUNTY ADMINISTRATIVE OFFICER

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April 5, 1999

Agenda: April 13, 1999

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, California 95060

San Lorenzo Valley Teen Center Permit Fees

Dear Members of the Board:

On March 23, 1999, at the request of Supervisor Almquist, your Board unanimously approved the waiver of the Planning and Environmental Health fees associated with the proposed San Lorenzo Valley YMCA Teen Center. At that time, your Board indicated that the waiver should take the form of a grant in an amount not to exceed \$2,000. The attached contingency transfer provides the necessary appropriations for the grant. Any planning or environmental health fees will be covered by a journal entry from the appropriate department.

It is therefore RECOMMENDED that your Board approve the attached AUD 74 to transfer \$2,000 in contingency funds to cover these fees.

Very truly yours,

SUSAN A. MAURIELLO
County Administrative Officer

cc: CAO
Alvin James, Planning Director
Chuck Moody, HSA Administrator
Dianne Evans, Director, Environmental Health

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

174

Department: _____

Date: _____

TO: Board of Supervisors / ~~County Administrative Officer's Office / Director Board~~

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 19 99

AUDITORS USE ONLY				
DOCUMENT #	AMOUNT	L/N	T/C HASH	
JE 6	40,000.00	02	043	

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	1 3 1 2 2 0	3 6 5 0		2 0 0 0 0 0	Planning Services
	F R O M	0 2 2	1 3 1 3 7 5	9 6 9 5	I I I I	2 0 0 0 0 0	General Contingencies
		I I	I I I				

Explanation: To transfer funds to General Revenue to facilitate the funding of a contribution for Planning and Environmental Health fees associated with the SLV Teen Center.

Name _____

Title _____

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 4/6/99

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

County Administrative Officer Ch Silva Date 4/6/99

State of California }
County of Santa Cruz } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for 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

Distribution:

BRD. NAME

AGENDA DATE

ITEM NO.

Board of Supervisors
Auditor-Controller

Green-County Administrative Officer
Pink-Originating Department

Goldenrod-Departmental Control Copy

A-C Review		