



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(408) 454-4066 FAX: (408) 454-4770  
TDD: (408) 454-4123

April 13, 1999

AGENDA: April 27, 1999

BOARD OF SUPERVISORS  
Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

RE: APPROVE FIXED ASSET PURCHASES AND RELATED BUDGET TRANSFERS FOR  
CHILDREN'S MEDICAL SERVICES PROGRAM AND MENTAL HEALTH PROGRAM

Dear Board Members:

The Health Services Agency requests approval to purchase two data servers of approximately \$3,400 each. The servers will improve the processing capability and performance of two HSA local computer networks, one used by the Mental Health and Children's Medical Services (CMS) offices at 12 W. Beach Street in Watsonville and the other located at the CMS Medical Therapy Unit (MTU) at Duncan Holbert school.

The cost of these purchases will be covered by existing funds within the CMS and Mental Health program budgets. The related \$6,800 budget transfer is attached. The State will share approximately 75% of the CMS portion of this purchase.

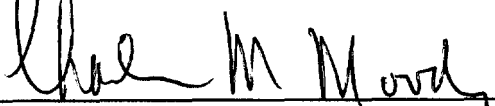
No new County funds are requested and there is no increase in net County cost as a result of this budget transfer.

It is therefore RECOMMENDED that your Board:


1. Approve the fixed asset purchase of two data servers in the approximate amount of \$6,800; and

2. Approve the attached AUD-74 transferring \$6,800 to the fixed asset accounts from the services and supplies account in the Children's Medical Services program and the Community Mental Health program.

Sincerely,

  
Charles M. Moody, HSA Administrator

RECOMMENDED:

  
Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel  
County Purchasing  
Mental Health Administration  
HSA Administration

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

00197

Department: Health Services Agency

Date: 4/12/99

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, 1999

AUDITORS USE ONLY			
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Explanation:

**Transfer funds to fixed asset accounts from services & supplies for the purchase of two data servers.**

Name C. Moody

Title HSA Administrator

10/300  
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 Linda Chou, Deputy Date 4/20/99

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

County Administrative Officer ESchuy Date 4-20/99

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

Distribution:

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