



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
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February 29, 2000

AGENDA: March 14, 2000

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: APPROVE BUDGET REVISION AND FIXED ASSET PURCHASE FOR THE EARLY INTERVENTION PROGRAM

Dear Board Members:

This letter requests authorization to purchase \$7,000 in modular furniture for the Health Services Agency's Early Intervention Program (EIP). This purchase is fully funded by the State. HSA is also requesting the transfer of \$5,000 in fixed asset appropriations to various EIP services and supplies accounts.

On December 14, 1999, your Board accepted an award of \$180,000 in combined State and federal revenue to support health counseling and other services for EIP clients. At that time, your Board also approved 2.00 FTE additional EIP staffing, plus the purchase of fixed asset computer equipment at an estimated cost of \$12,000. HSA is requesting a budget revision so that a portion of the fixed asset funds can be used to upgrade and expand office facilities at 1060 Emeline to accommodate the additional staff. The EIP reception area and adjacent office area will be remodeled and modular furniture will be installed. The approximate fixed asset cost of the modular furniture is \$7,000.

In addition, HSA is transferring \$5,000 in fixed asset appropriations to services and supplies for computer and related equipment as well as to cover other costs associated with the remodel. The computer equipment will not be purchased as a fixed asset as originally budgeted since the unit cost of each item is less than \$1,500. This action transfers funds earmarked for computer equipment to the appropriate account. The total equipment cost is also less than anticipated, thereby freeing up funds for the office remodel. This remodeling project and related budget revision have been approved by the State.

It is therefore RECOMMENDED that your Board:

1. Approve the fixed asset purchase of modular furniture in the approximate amount of \$7,000 for the Health Services Agency's Early Intervention Program; and

2. Approve the transfer of \$5,000 appropriations to services and supplies accounts as detailed on the attached AUD-74.

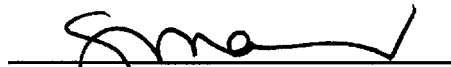
Sincerely,

0074



Rama Khalsa, Ph.D.
HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

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

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

0075

Department: Health Services Agency

Date: 2/29/00

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 2000

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6	100,000.00	03	64

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
TRANSFER	TO	0,2,1	3623,0,0	3405		100,000.00	Maint Struct Imps & Grds
		0,2,1	3623,0,0	3975		400,000.00	Misc
	FROM	0,2,2	3623,0,0	8404		500,000.00	Equipt

Explanation:

Transfer funds to services & supplies from fixed assets to align County budget with State approved budget revisions for the State Early Intervention Program.

Name Ron Khaleu Title Health Director

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. Silen, Deputy Date 3/1/2000

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

County Administrative Officer E. A. Sch Date 3/2/00

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 [Signature], Deputy Clerk

(A-C) * Desc: _____ # _____ - Budget Transfer

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

AUD74 (REV 12/94)

A-C Review	

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