

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

May 9, 2000

AGENDA: May 23, 2000

### BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean St.

Santa Cruz, CA 95060

Re: Authorization of various fixed asset purchases

Dear Board Members:

The Health Services Agency requests approval of two urgently needed fixed asset purchases totaling \$13,200 as detailed below. The related appropriations transfer is attached.

#### Disk Drive Duplication Equipment

HSA requests approval to purchase disk drive duplication equipment in the approximate amount of \$2,200. Without this equipment, computer data is at risk of being lost. This equipment allows duplication of Agency-approved and properly licensed software on new and replacement disk drives and is required to facilitate installation of computer systems. Funds for this purchase are available within the HSA Administration budget, but must be transferred to the fixed asset account.

#### Clinic Freezer

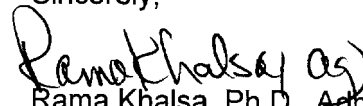
The large freezer in HSA's clinical laboratory recently failed. The freezer is an essential part of public health rabies activities. HSA has been advised by the service vendor that the unit cannot be repaired and needs to be replaced. The freezer stores bacterial cultures, blood specimens, and other biological materials for long periods at very cold temperatures. Specimens are presently being stored in smaller, less effective freezers until a new unit can be installed. The estimated replacement cost of the freezer is \$11,000. Funds are available within the clinic budget, but must be transferred to the fixed asset account.

It is therefore RECOMMENDED that your Board:

1. Approve the following fixed asset purchases for the Health Services Agency: a) disk drive duplication equipment in the approximate amount of \$2,200; b) a freezer for HSA's clinical laboratory in the approximate amount of \$11,000.

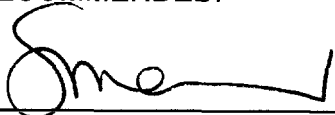
2. Approve the attached \$13,200 appropriations transfer to the fixed account.

Sincerely,



Rama Khalsa, Ph.D., Administrator  
Health Services Agency

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

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

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

041 1

5/15/00

Department: Health Services Agency

Date: \_\_\_\_\_

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, , , ,	26400.00	04	86

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	8,4,0,4		220000	Equipment
		0,2,1	3,6,1,1,0,0	8,4,0,4		110000	Equipment
	F R O M	0,2,2	3,6,0,1,1,2	3,8,0,0		220000	Equipment lease
		0,2,2	3,6,1,2,3,0	3,1,0,0		110000	Regular pay

Explanation:

Transfer funds to fixed assets for purchase of disk duplication **equipment and laboratory freezer.**

Name Ramakrishna

Title HS 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 Conda J. Silva, Deputy Date 5/16/00

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

County Administrative Officer [Signature] Date \_\_\_\_\_

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

Distribution:

White-Board of Supervisors  
Yellow-Auditor-Controller

BRD. NAME

AGENDA DATE

ITEM NO.

Gram-County Administrative Officer  
Pink-Originating Department

Goldenrod-Departmental Control Copy

A-C Review	
	47