



**HEALTH SERVICES AGENCY  
ADMINISTRATION**

# County of Santa Cruz

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95061

(631) 454-4066 FAX: (631) 454-4770 TDD: (631) 464-2123

AGENDA: August 22, 2000

August 8, 2000

### BOARD OF SUPERVISORS

County of Santa Cruz  
701 Ocean St.  
Santa Cruz, CA. 95060

SUBJECT: **AUTHORIZE FIXED ASSET PURCHASE & RELATED TRANSFER  
OF FUNDS**

Dear Board Members:

This letter requests approval to purchase \$5,200 in fixed assets for a portable LCD computer/video projector in the Health Services Agency (HSA).

HSA staff currently provides various formalized informational, educational and training presentations to health services clients, providers, community organizations and staff. Use of modern computer technology and video in these presentations can greatly enhance the effectiveness of the communication.

Currently, Health Services Administration successfully manages a small training/teleconferencing capability in its Large and Small Auditoriums at 1080 Emeline Avenue that includes a fixed station LCD computer/video projector. As this equipment is not portable, it limits the ability of the Agency to provide sophisticated presentations to outside community audiences.

Funds are available within the HSA Administration budget for this \$ 5,200 fixed asset purchase, but need to be transferred to the proper fixed asset account.

It is, therefore, RECOMMENDED that your Board:

1. Authorize the fixed asset purchase listed above and approve the related transfer of funds (AUD-74 attached) in the amount of \$5,200.

Sincerely,

  
for Rama Khalsa, Ph.D.  
HSA Administrator

RECOMMENDED:

  
Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Audit & Controller  
County Counsel  
HSA Administration  
HSA Personnel  
County Personnel  
County Purchasing

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

0313

Department: Health Services Agency

Date: August 8, 2000

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~~ 2001

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
80	10400.00 52000.00	0,2	4,3

BATCH #	
DATE	

T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT	DESCRIPTION
0,2,1	3,6,0,1,1,0	8,4,0,7		52,000.00	Equipment
0,2,2	3,6,0,1,8,0	3,4,0,5		52,000.00	Maintenance Struc/Imp

Explanation: **To provide for HSA purchase of a portable LCD projector for computer/video informational, educational and training presentations.**

Name Rama Khalsa, Agency Administrator

Title 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. Silen, Deputy Date 8/9/00

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

County Administrative Officer G. G. G. Date 8/10/00

State of California } ss. 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 } 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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Goldenrod-Departmental Control Copy

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