



County of Santa Cruz

HUMAN RESOURCES AGENCY

Cecilia Espinola, Administrator

1000 Emeline Avenue, Santa Cruz, CA 95060

(831) 454-4130 or 454-4045 FAX: (831) 454-4642

February 21, 2002

AGENDA: March 5, 2002

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA. 95060

MID-YEAR BUDGET REALIGNMENT

Dear Members of the Board:

The **Human** Resources Agency (HRA) produces an estimated/actual budget annually in order to compare spending patterns to funds appropriated.

As a result of this year's process, we have determined that a transfer of funds is necessary within various HRA indexes and sub-objects. We are requesting that your Board approve the attached AUD-74 transfer of funds within the following indexes: Social Services 392100 and Categorical Aids 392200.

IT IS THEREFORE RECOMMENDED that your Board approve the attached request for Transfer of Budget Appropriations within HRA.

Very truly yours,

CECILIA ESPINOLA

Administrator

Attachments: AUD-74 (3)

CE/bcb

RECOMMENDED:

SUSAN A. MAURIELLO

County Administrative Officer

CC: County Administrative Office, Auditor Controller, HRA-Fiscal, General Services

File: n:Board Letters/FY 01-02/Admin Svcs/Fiscal/3921BudgetRealign0102.doc

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

0120

Department: Human Resources Agency

Date: 2/19/02

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, 1902

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 5	10603800003		065

BATCH #	
DATE	Keyed By:

T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
0,2,1	3,9,2,1,0,0	5,4,2,5		5,301,900,00	HRA - Individual Referral
					WIA
0,2,2	3,9,2,1,0,0	5,2,4,3		5,000,000,00	HRA Training & Placement
0,2,2	3,9,2,1,0,0	5,6,6,6		3,019,000,00	Client Services - WIA

Explanation: 1) Transfer additional funds to training (Individual Referral) to meet participant needs;
 2) Realignment of funds per estimated/actual budget.

Name Sabina P. Coy-Audiciz

Title Sr HR Analyst

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 Krayer, Deputy Date 02/22/02

County Administrative Officer's Action: Recommended to Board | Approved | Not Recommended or Approved
 County Administrative Officer [Signature] Date 2/25/02

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
 ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz } duly entered in the minutes of said Board on _____, 19____, By _____, Deputy Clerk

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

A-C Review		

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

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

0121

Department: Human Resource Agency

Date: 2/15/2002

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

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6	21 8,000.00	2	43

BATCH #	
DATE	Keyed By:

	T/C	INDEX	SUBJECT	USER CODE	AMOUNT		ACCOUNT DESCRIPTION *
T R A N S F E R	0,2,1	3,9,2,1,0,0	5,3,8,2		10	9,0,0,0,0	MSSP Senior outreach
	0,2,2	3,9,2,1,0,0	5,2,8,3		10	9,0,0,0,0	TANF other charges

Explanation: Transfer from TANF incentive to MSSP senior programs.

Name: *James Bryant*

Title: *Admin Ser Mgr*

Audi-or-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Audi-or-Controller, by *K. Rayan*, Deputy Date 02/22/02

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

County Administrative Officer *John S. ...* Date 2/25/02

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: _____ Item _____ - Budget Transfer

Distribution: BRD.NAME AGENDA DATE ITEM NO.
 Wits-Board of Supervisors Green-County Administrative Officer Goldenrod-Departments1Control Copy
 Yellow-Auditor-Controller Pink-Originating Department

A-C Review		

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

0122

Department: Human Resources Agency

Date: 2/15/2002

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

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6	7 5 0 0 0 0 0 0	2	4 2

BATCH #	
DATE	Keyed By:

T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
0 2 1	3 9 2 2 0 0	4 3 6 5		3 7 5 0 0 0 0 0	Adoptions
0 2 2	3 9 2 2 0 0	4 3 7 5		3 7 5 0 0 0 0 0	Cal Works

Explanation: **Transfer from Cal works to Adoptions - Realignment of funds per estimated/actual budget**

Name: *James Bright* Title: *Admin Sr Mgr*

Audi-or-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.
 Audi-or-Controller, by *R. Rayan*, Deputy Date 02/22/02

Courty Administrative Officer's Action: Recommended to Board | Approved | Not Recommended or Approved
 Cour ty Administrative Officer *Ch. Selt* Date 2/25/02

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
 ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz } duly entered in the minutes of said Board on
 _____, 19____, By _____, Deputy Clerk