



# County of Santa Cruz

## HUMAN RESOURCES AGENCY

Cecilia Espinola, Director

1000 Emeline Avenue, Santa Cruz, CA 95060  
 (831) 454-4130 or 454-4045 FAX: (831) 454-4642

June 11, 2002

AGENDA: June 25, 2002

### BOARD OF SUPERVISORS

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

### FINAL BUDGET REALIGNMENT

Dear Members of the Board:

As a result of year-end budget review, 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-74s transfer of funds within the following indexes: Categorical Aids 392200 and General Assistance 392300.

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

Very truly yours,

CECILIA ESPINOLA  
 Administrator

Attachments: AUD-74 (2)

CE/bcb

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RECOMMENDED:

SUSAN A. MAURIELLO  
 County Administrative Officer

cc: County Administrative Office  
 Auditor Controller  
 HRA-Fiscal  
 General Services

0332

# COUNTY OF SANTA CRUZ

## REQUEST FOR TRANSFER OR REVISION OF BUDGET APPROPRIATIONS AND/OR FUNDS

Department: Human Resource Agency

Date: 6/3/2002

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, 20   

| AUDITORS USE ONLY |        |   |           |          |
|-------------------|--------|---|-----------|----------|
| DOCUMENT #        | AMOUNT |   |           | T/C HASH |
| JE 6              |        | 3 | 0,000,000 | 243      |

|         |           |
|---------|-----------|
| BATCH # |           |
| DATE    | Keyed By: |

|                                      | T/C   | INDEX       | SUBJECT | USER CODE | AMOUNT      | ACCOUNT DESCRIPTION * |
|--------------------------------------|-------|-------------|---------|-----------|-------------|-----------------------|
| T<br>R<br>A<br>N<br>S<br>F<br>E<br>R | 0,2,1 | 3,9,2,3,0,0 | 3,6,2,5 |           | 1 5 0 0 0 0 | Legal Fees            |
|                                      |       |             |         |           |             |                       |
|                                      |       |             |         |           |             |                       |
|                                      |       |             |         |           |             |                       |
| F<br>R<br>O<br>M                     | 0,2,2 | 3,9,2,3,0,0 | 4,6,9,0 |           | 1 5 0 0 0 0 | Repayments            |
|                                      |       |             |         |           |             |                       |
|                                      |       |             |         |           |             |                       |
|                                      |       |             |         |           |             |                       |

Explanation: Transfer repayment funds to legal fees for increase recovery of retroactive benefits.  
392300/4690 is budgeted as a negative and this will increase the negative balance.

Name *[Signature]* Title *Adm Sr Mgr*

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

Auditor-Controller, by *[Signature]*, Deputy Date 06/12/02

THE BAL. IN 392300/4690 WILL INCREASE FROM -152,000 TO -153,500

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

County Administrative Officer *[Signature]* Date 6/18/02

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  
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: \_\_\_\_\_ Item: \_\_\_\_\_ - Budget Transfer

|            |  |  |
|------------|--|--|
| A-C Review |  |  |
|            |  |  |

Distribution:

BRD. NAME

AGENDA DATE

ITEM NO.

**45**

Board of Supervisors  
Auditor-Controller

Green-County Administrative Officer  
Pink-Originating Department

Goldenrod-Departmental Control Copy

REV 01/02)

# COUNTY OF SANTA CRUZ

## REQUEST FOR TRANSFER OR REVISION OF BUDGET APPROPRIATIONS AND/OR FUNDS

Department: Human Resource Agency

Date: 6/30/2002

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, 20    

| AUDITORS USE ONLY |                 |     |          |  |
|-------------------|-----------------|-----|----------|--|
| DOCUMENT #        | AMOUNT          | L/N | T/C HASH |  |
| JE 6              | 4 9 0 0 0 0 0 0 | 3   | 6 5      |  |

|         |           |
|---------|-----------|
| BATCH # |           |
| DATE    | Keyed By: |

| T/C              | INDEX | SUBJECT     | USER CODE | AMOUNT          | ACCOUNT DESCRIPTION * |
|------------------|-------|-------------|-----------|-----------------|-----------------------|
| T<br>O           | 0,2,1 | 3,9,2,2,0,0 | 4,3,6,5   | 2,4,5,0,0,0,0,0 | Adoptions             |
|                  |       |             |           |                 |                       |
|                  |       |             |           |                 |                       |
|                  |       |             |           |                 |                       |
| F<br>R<br>O<br>M | 0,2,2 | 3,9,2,2,0,0 | 4,3,8,3   | 8,0,0,0,0,0,0   | Emergency Placements  |
|                  | 0,2,2 | 3,9,2,2,0,0 | 4,3,7,5   | 1,6,5,0,0,0,0,0 | Cal Works             |
|                  |       |             |           |                 |                       |

Explanation: Transfer from Cal works and Emergency Placement-Realignment of funds per updated estimated / actual budget.

Name: *[Signature]* Title: *Adm Sr Mgr*

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 *[Signature]*, Deputy Date 06/12/02

County Administrative Officer's Action:  Recommended to Board |  Approved |  Not Recommended or Approved  
County Administrative Officer *[Signature]* Date 6/18/02

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  
County of Santa Cruz } ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order  
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(A-C)\* Desc: \_\_\_\_\_ Item: Budget Transfer  
Distribution: BRD. NAME AGENDA DATE ITEM NO.  
White-Board of Supervisors Gram-County Administrative Officer Goldenrod-Departmental Control Copy  
Yellow-Auditor-Controller Fink-Originting Department  
A-C Review  
**45**  
AUD74 (REV 01/02)