CREATION: 022102
SOURCE : HRAXX
AGENDATE : 030502
INVENUM : 50432
RESOLUTN :
ORD NANC :
CONTRACT :
CONTINUE:

INDEX -Letter of Human Resources Agency dated February 21, 2002
-Request for Transfer of Funds dated February 19, 2002 and February 15, 2002

ITEM 026. APPROVED request for Transfer of Budget Appropriations within the Human Resources Agency, as recommended by the Human Resources Agency Administrator

Countv 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

APPROVED AND FILED
BOARD OF SUPERVISORS
DATE: 3/5/02
COUNTY OF SANTA CRUZ
SUSAN A. MAURIELLO
EX-OFFICIO CLERK OF THE BOARD
BY DEPUTY

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

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

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 andlor funds in the fiscal year ending June 30, 19____

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6	750 000.00	2	42

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBOBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
TRANSFER	TO	021	392200	4365		375000.00	Adoptions
	FROM	022	392200	4375		375000.00	Cal Works

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

Name James Bright Title Adm Ser Mgr

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

Auditor-Controller, by Kayan, Deputy Date 02/22/02

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

County Administrative Officer Date 2/25/02

State of California } ss. County of Santa Cruz}

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 3/5 2002 By _____, Deputy Clerk

(A-C)* Desc: Item: - Budget Transfer

A-C Review		

26

BRD. NAME	AGENDA DATE	ITEM NO.

Distribution:
White-Board of Supervisors
Yellow-Auditor-Controller
Green-County Administrative Officer
Pink-Originating Department
Goldenrod-Departmental Control Copy

AUD 4 (REV 12/94)

COUNTY OF SANTA CRUZ

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

0121

Department: Human Resource Agency

Date: 7/15/2002

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 8000	2	43

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBOBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
TRANSFER	TO	021	392100	5382		10 9000	MSSP Senior outreach
	FROM	022	392100	5283		10 9000	TANF other charges

Explanation: Transfer from TANF incentive to MSSP senior programs.

Name: [signature] Title: Adm Svs 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 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 } ss. County of Santa Cruz}

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 3/5, 2002 By [signature], Deputy Clerk

(A-C)* Desc: Item - Budget Transfer

A-C Review		

BRD.NAME AGENDA DATE ITEM NO.

Distribution:
White-Board of Supervisors
Yellow-Auditor-Controller
Green-County Administrative Officer
Pink-Originating Department
Goldenrod-Departmental Control Copy

AUD74 (REV 12/94)

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, 19____

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6	1060 380.00	03	065

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBOBJECT	USER CODE	AMWNT	ACCOUNT DESCRIPTION *
TRANSFER	TO	021	392100	5425		530190.00	HRA - Individual Referral
						.	WIA
						.	
						.	
	FROM	022	392100	5243		500000.00	HRA Training & Placement
		022	392100	5666		30190.00	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 Barbara L Coy-Sulicz Title Sr HS 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 Rajjar, 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 } ss. County of Santa Cruz} 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 3/5 2002 By [signature], Deputy Clerk

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

BRD. NAME AGENDA DATE ITEM NO.

A-C Review

Distribution:
White-Board of Supervisors
Yellow-Auditor-Controller
Green-County Administrative Officer
Fink-Originating Department
Goldenrod-Departmental Control Copy

AUD 4 (REV 12/94)

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