

**COUNTY OF SAN BENITO
BUDGET ADJUSTMENT/TRANSFER**

Please Indicate Type:

Fiscal Year: 2016/17
Department: HHSA - Public Health
Org Key: 224.80.2390.1000

- ☒ **Appropriation/Est. Revenue Increase**
(Requires 4/5 Board of Supervisors Approval)
☐ **Contingency Transfer**
(Requires 4/5 Board of Supervisors Approval)
☐ **Interdepartmental Transfer or Interobject Transfer >\$25,000**
(Requires Board of Supervisors Approval)
☐ **Interobject Transfer <\$25,000**
(Requires Admin. and Auditor Approval)
☐ **Intraobject Transfer**
(Requires Auditor Approval)

<u>Org Key:</u>	<u>Object No:</u>	<u>Description</u>	<u>Decrease Exp / Rev. Increase</u>	<u>Increase Exp / Rev. Decrease</u>
224.90.2390.1000	550.404	State Health Programs	\$ 7,272.80	
224.90.2390.1000	610.905	Salary and Benefits Force Labor		\$ 4,860.00
224.90.2390.1000	619.174	Services and Supplies Office Supplies		\$ 931.13
224.90.2390.1000	630.110	Other Charges Community Programs		\$ 266.67
224.90.2390.1000	649.101	Other Charges Cost Plan		\$ 1,215.00
224.90.2370.1000	610.905	Salary and Benefits Force Labor	\$ 4,860.00	
224.90.2370.1000	610.101	Salary and Benefits Regular		\$ 3,790.80
224.90.2370.1000	610.401	Salary and Benefits Social Security Taxes		\$ 243.00
224.90.2370.1000	610.402	Salary and Benefits Medicare Taxes		\$ 48.60
224.90.2370.1000	610.505	Salary and Benefits In-Lieu of Medical Insurance		\$ 97.20
224.90.2370.1000	610.701	Salary and Benefits Public Service Retirement		\$ 680.40
Total			\$ 12,132.80	\$ 12,132.80

Comments: Budget augmentation to reflect a new 'Zika Response Award' of \$27273. The amount included in the above table is the FY 2016/17 portion of the award. \$20,000.20 for FY17/18 will be incorporated into the upcoming budget process.

Submitted: Cynthia Larca 04/12/17
Department Head/Authorized Signature Date
Verification of Sufficient Funds: [Signature] 4-17-17
Auditor-Controller Date
Approval: _____ Date
Administrative Officer

Approval by Board of Supervisors

Attested: _____ Date
Clerk of the Board: _____ Vote: _____ Yes _____ No

AUDITOR USE ONLY

Budget Adjustment No: _____
Date Batch Input Completed: _____ By: _____