

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

Please Indicate Type:

**Fiscal Year:** FY18/19

**Department:** Aid to Indigents

**Org Key:** 101.15.1095.1000

- 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)

LOGOS #	Description	Exp. Decrease/ Rev. Increase	Exp. Increase Rev. Decrease
101.15.1095.1000.570.005	SSI Recoupments	\$20,000	
101.15.1095.1000.570.004	Assistance Recoupments	\$10,000	
101	General Fund Balance	\$75,000	
101.15.1095.1000.630.104	Care and Support		\$105,000
<b>Total</b>		<b>\$ 105,000</b>	<b>\$ 105,000</b>

**Comments:** Standard of aid payments were increased due to the passage of AB1811, effective April 1, 2019. Standard of aid is a cost burdened through the County General Fund and SSI funds. Increase to revenue is an estimate of already received revenues as well as expected additional refunds by the end of FY18/19. Any additional cost will be absorbed by the General Fund.

**Submitted:** [Signature] 3/14/19  
Department Head/Authorized Signature Date

**Verification of Sufficient Funds:** [Signature] 3/14/19  
Auditor-Controller Date

**Approval:** [Signature] 3/14/19  
Administrative Officer Date

**Approval by Board of Supervisors** \_\_\_\_\_ Date

**Attested:** \_\_\_\_\_  
Clerk of the Board: \_\_\_\_\_ Vote: \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUDITOR USE ONLY**

Budget Adjustment No: \_\_\_\_\_

Date Batch Input Completed: \_\_\_\_\_ By: \_\_\_\_\_