

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

Please Indicate Type:

Fiscal Year: 18/19
Department: Public Works - Parks
Org Key: 101.70.1305.1000

- ☐ **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
101.70.1305.1000.610.101	Salary and Benefits		10,500
101.70.1300.1000.610.101	Salary and Benefits - Regular	7,000	
101.70.1300.1000.610.118	Salary and Benefits - Bonus	500	
101.70.1300.1000.610.401	Salary and Benefits - Social Security Taxes	500	
101.70.1300.1000.610.501	Salary and Benefits - Medical Insurance	900	
101.70.1300.1000.610.701	Salary and Benefits - PERS	1,200	
101.70.1300.1000.610.112	Salary and Benefits - Longevity Pay	300	
101.70.1300.1000.610.402	Salary and Benefits - Medicare Taxes	100	
Total		\$ 10,500	\$ 10,500

Comments: The two parks divisions carry the salary of one maintenance employee. This adjustment recognizes actual expenditures vs. budget over FY18/19.

Submitted:

Department Head/Authorized Signature
Verification of Sufficient Funds: 
Auditor-Controller

Date
6/20/19
Date

Approval:


Administrative Officer

6/20/19
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: _____

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

Please Indicate Type:

Fiscal Year: 18/19
Department: RMA - Land Development Projects
Org Key: 101.65.1285.1000

☒

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
101.65.1285.1000.564.600	Charges for Services - Local Agency Developer Charges	550,000	
101.65.1285.1000.619.210	Services and Supplies - Legal		50,000
101.65.1285.1000.619.222	Services and Supplies - Other Consultants		200,000
101.65.1285.1000.619.242	Services and Supplies - Aspen Env		200,000
101.65.1285.1000.619.246	Services and Supplies - Sandman Quarry		10,000
101.65.1285.1000.619.250	Services and Supplies - Special Dept - Contracts		90,000
Total		\$ 550,000	\$ 550,000

Comments: Budget adjustment to recognize actual revenues and expenditures under the land development projects division of RMA.

Submitted:

Department Head/Authorized Signature
Verification of Sufficient Funds: 
Auditor-Controller

Date

6/20/19
Date

Approval: 
Administrative Officer

Date

6/20/19
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: _____



**SAN BENITO COUNTY
AGENDA ITEM
TRANSMITTAL FORM**

Mark Medina
District No. 1

Anthony Botelho
District No. 2
Chair

Robert Rivas
District No. 3

Jerry Muenzer
District No. 4
Vice - Chair

Jaime De La Cruz
District No. 5

Item Number: 4.

MEETING DATE: 10/23/2018

DEPARTMENT: COUNTY ADMINISTRATION OFFICE

DEPT HEAD/DIRECTOR: Ray Espinosa

AGENDA ITEM PREPARER: Melinda Casillas

SBC DEPT FILE NUMBER: 865

SUBJECT:

COUNTY ADMINISTRATION OFFICE - RESPINOSA

Approve 1st Quarter Vacancy Budget Adjustment.

SBC FILE NUMBER: 865

AGENDA SECTION:

CONSENT AGENDA

BACKGROUND/SUMMARY:

As part of the FY 18/19 Recommended Budget, the CAO continued with the Vacancy Budgeting concept in which lost opportunities by departments are reduced in those departments each quarter.

This report reflects those lost opportunities for the 1st quarter. Departments still have the needed funding to continue to recruit for those vacant positions during the next quarter without detriment to that position.

BUDGETED:

Yes

SBC BUDGET LINE ITEM NUMBER:

101.15.1020.1000.580.002

CURRENT FY COST:

STAFF RECOMMENDATION:

Approve JE attached for the 1st Quarter of FY 18/19 as it relates to the Vacancy Budget accounts.

ADDITIONAL PERSONNEL:

BOARD ACTION RESULTS:

Approved per staff recommendation (5/0 vote).

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

Please Indicate Type:

Fiscal Year: 18/19

Department: RMA - Housing and Economic Development

Org Key: 101.65.1270.1000

- ☐ **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
101.65.1270.1000.619.166	Services and Supplies - Membership Dues		245
101.65.1270.1000.619.222	Services and Supplies - Other Consultants		6,500
101.65.1270.1000.619.250	Services and Supplies - Special Dept - Contracts		53,255
101.65.1265.1000.619.222	Services and Supplies - Other Consultants	60,000	
Total		\$ 60,000	\$ 60,000

Comments: All RMA building/planning division contracts were originally budgeted under division 1265. The Housing contract was expensed out of division 1270 for reporting purposes. This budget adjustment corrects this mid-year change.

Submitted: _____

Department Head/Authorized Signature _____ Date 6/20/19

Verification of _____

Sufficient Funds: [Signature] Auditor-Controller _____ Date 6/20/19

Approval: [Signature] Administrative Officer _____ Date 6/20/19

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: _____

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

Please Indicate Type:

Fiscal Year: 18/19

Department: GIS

Org Key: 101.15.1075.1000

- ☐ **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
101.15.1065.1000.610.101	Salary and Benefits - Regular	10,000	
101.15.1065.1000.619.250	Services and Supplies - Special Department - Contracts	1,000	
101.15.1075.1000.619.142	Services and Supplies - Computer Hardware		1,000
101.15.1075.1000.610.101	Salary and Benefits - Regular		10,000
Total		\$ 11,000	\$ 11,000

Comments: Interdepartmental adjustment between Information Technology and GIS divisions to recognize actual expenditures for FY18/19.

Submitted: _____

Department Head/Authorized Signature _____ Date _____

Verification of Sufficient Funds: *Leann Galy* _____ Date 6/20/19

Auditor-Controller _____ Date _____

Approval: *A. J. A.* _____ Date 6/20/19

Administrative Officer _____ Date _____

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: _____

Date	GLAccount	Amount	Description
6/30/2019	1011010001000649101	-14906.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510051000649101	15642.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510251000649101	-108.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510301000649101	2392.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510451000649101	-15649.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510501000649101	3280.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510751000649101	34397.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011510901000649101	-18.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011511001000649101	-29790.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1011511101000649101	-304.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1012011151000649101	119571.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1012011201000649101	-24.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1012011251000649101	26402.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1013011551000649101	-25500.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1013011601000649101	14945.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1013011651000649101	-124.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1013511701000649101	-2949.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1014011751000649101	7585.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1014011851000649101	-4751.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1014011951000649101	2131.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1014012001000649101	-9257.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1014512051000649101	122.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1015012151000649101	1280.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1015012201000649101	-288.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1015012251000649101	-1613.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1015512351000649101	-1540.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1016012501000649101	12395.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1016512651000649101	32.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1016512701000649101	-108.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1016512751000649101	-72529.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1017012951000649101	7498.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1017013001000649101	-112.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1017013051000649101	42.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1018013101000649101	-14279.00	BA - Cost Plan Adjustment FY18-19
6/30/2019	1017012901000580001	53865.00	BA - Cost Plan Adjustment FY18-19

Please Indicate Type:

X

(Requires 4/5 Board of Supervisors Approval)

1

(Requires 4/5 Board of Supervisors Approval)

11

(Requires Board of Supervisors Approval)

(Requires Admin. and Auditor Approval)

(Requires Auditor Approval)

Comments: Standard of aid payments were increased due to the passage of AB1811, effective April 1, 2019. Initial estimates came in lower than expected for year end actuals
This budget adjustment reflects additional appropriations that will be absorbed by the General Fund.

Date _____

6/20/19

Date _____

6/20/19

Date _____

Date _____

Vote: Yes No

By:

Please Indicate Type:

<input type="checkbox"/>	Appropriation/Est. Revenue Increase (Requires 4/5 Board of Supervisors Approval)
<input type="checkbox"/>	Contingency Transfer (Requires 4/5 Board of Supervisors Approval)
<input checked="" type="checkbox"/>	Interdepartmental Transfer or Interobject Transfer >\$25,000 (Requires Board of Supervisors Approval)
<input type="checkbox"/>	Interobject Transfer <\$25,000 (Requires Admin. and Auditor Approval)
<input type="checkbox"/>	Intraobject Transfer (Requires Auditor Approval)

Comments: TRANSFER FUNDING FROM THE TREASURER TO THE TAX COLLECTOR & PUBLIC ADMINISTRATOR BUDGET.
BUDGET REALIGNMENT BETWEEN OFFICES.

Date 6/20/19

6/20/19
Date

Date _____

Vote: _____ Yes _____ No

By: _____

Please Indicate Type:

11

(Requires 4/5 Board of Supervisors Approval)

11

(Requires 4/5 Board of Supervisors Approval)

X

(Requires Board of Supervisors Approval)

11

Interobject Transfer<\$25,000

□

Intraobject Transfer

(Requires Auditor Approval)

Comments: Due to vacancies in FY18/19 of Management level HR staff, there was a need for the department to use outside consultants. The budget adjustment recognizes the use of consultants (services and supplies) over staff (salaries and benefits) for these positions.

5/10/2019

Date _____

4/20/19

Date _____

6/20/19

Date _____

Date _____

Clerk of the Board:

Vote: _____ Yes _____ No _____

Budget Adjustment No:

Date Batch Input Completed:

By: _____

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

Please Indicate Type:

Fiscal Year: 2018-19
Department: Sheriff - Coroner
Org Key: 101.40.1200

- ☐ **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)

Appropriation Increases:

G / L String	Description	Revenues	Expenditures
		\$	
Total		\$ 0	\$ -

Transfers of Existing Appropriations:

G / L String	Description	From	To
101.40.1180.1000.610.301	Regular Salaries	\$ 25,000	\$
101.40.1200.1000.619.218	Prof Services / Physicians		18,000.00
101.40.1200.1000.619.164	Medical / Dental / Lab		5,000.00
101.40.1200.1000.630.104	Care & Support		2,000.00
Total		\$ 25,000	\$ 25,000

Comments: Interdepartmental Transfer due to autopsy / toxicology / lab costs higher than budgeted

Submitted: 
Department Head/Authorized Signature
Verification of Sufficient Funds: 
Auditor-Controller
Approval: 
Administrative Officer

5/30/2019
Date
6/20/19
Date
6/20/19
Date

Approval by Board of Supervisors

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

AUDITOR USE ONLY

Budget Adjustment No: _____
Date Batch Input Completed: _____