

COUNTY OF SANTA CLARA
REQUEST FOR APPROPRIATION MODIFICATION
FISCAL YEAR = 2009

Agency/Department Name: Community Health Services & VMC

| Line # | Description | Fund | Superior Fd Cntr | Cost Center | G.L. Account | Project Definition/ Employee Class | Amount (in Dollars) | | |
|--------|--|------|------------------|-------------|--------------|------------------------------------|---------------------|-------------|---|
| | | | | | | | Revenue | Expenditure | |
| 1 | Patient Revenue | 0060 | 0921 | 6852 | 4723300 | | 25,934.00 | | |
| 2 | Grant Revenue | 0060 | 0921 | 6852 | 4727100 | | 233,333.00 | | |
| 3 | Permanent Salaries | 0060 | 0921 | 6852 | 5101000 | R10 | | 34,342.70 | |
| 4 | Permanent Salaries | 0060 | 0921 | 6852 | 5101000 | H93 | | 18,279.66 | |
| 5 | Permanent Salaries | 0060 | 0921 | 6852 | 5101000 | D1E | | 53,220.16 | |
| 6 | Permanent Salaries | 0060 | 0921 | 6852 | 5101000 | D11 | | 17,931.76 | |
| 7 | Permanent Salaries | 0060 | 0921 | 6852 | 5101000 | Y3C | | 29,700.72 | |
| 8 | Office Supplies | 0060 | 0921 | 6852 | 5255100 | | | 5,542.00 | |
| 9 | Professional Services | 0060 | 0921 | 6852 | 5255100 | | | 90,417.00 | |
| 10 | Lease | 0060 | 0921 | 6852 | 5255100 | | | 5,833.00 | |
| 11 | Small Tools & Equipment | 0060 | 0921 | 6852 | 5255100 | | | 4,000.00 | |
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| 23 | Transfer from trust fund (Fund # _____) | | | | | | | | |
| 24 | Transfer from fund balance (Fund # _____) | | | | | | | | |
| 25 | Others - Describe: | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | Total forwarded from other pages (Page ___ to ___) | | | | | | | - | - |

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|--------------|--|--|--|--|--|--|-------------------|-------------------|
| TOTAL | | | | | | | 259,267.00 | 259,267.00 |
|--------------|--|--|--|--|--|--|-------------------|-------------------|

Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others
 Brief Description: Ongoing addition of revenue and expense for for First 5 Grant to expand Infant Neurodevelopmental clinic.

| | |
|-----------------------------|---|
| SAP Document numbers | Prepared By : |
| FM _____ | Name (print): Hope Ryan |
| Entered to SAP by: _____ | Telephone: 885-6809 |
| Date entered : _____ | Clerk of the Board |
| Transmittal # 130 | Approved by the Board of Supervisors |
| | Clerk of the Board By: _____ Date _____ |

(Forward original to The Controller-Treasurer Department)



| COUNTY OF SANTA CLARA | | | | | | | F - 85 | | |
|---|--|--|------------------|-------------|--------------|------------------------------------|---------------------|-------------|------|
| Page 2 of 2 | | REQUEST FOR APPROPRIATION MODIFICATION | | | | | Transmittal #: | | |
| FISCAL YEAR = 2008 | | | | | | | | | |
| Agency/Department Name: Community Health Services | | | | | | | | | |
| Line # | Description | Fund | Superior Fd Cntr | Cost Center | G.L. Account | Project Definition/ Employee Class | Amount (in Dollars) | | |
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For Controller's Office Use Only

(Forward original to The Controller-Treasurer Department)



COUNTY OF SANTA CLARA F - 85
 REQUEST FOR APPROPRIATION MODIFICATION
 FISCAL YEAR = 2008 Transmittal #:

Agency/Department Name:

| Line # | Description | Fund | Superior Fd Cntr | Cost Center | G.L. Account | Project Definition/ Employee Class | Amount (in Dollars) | | |
|--------|--|------|------------------|-------------|--------------|------------------------------------|---------------------|-------------|------|
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