

Agency/Department Name: Public Health							Amount (in Dollars)		
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Revenue	Expenditure	
1	Other Grants & Aids	0425	0410	9853	4580100		2,801,035.00		
2	Transfer Out	0425	0410	9853	5610100			2,801,035.00	
3	Transfer In	0001	0410	2825	4920100		2,801,035.00		
4	VMC Net Patient Revenue	0060	0921	6852	4723150		(300,000.00)		
5	VMC Subsidy	0060	0921	6852	4920100		300,000.00		
6	GF Subsidy to VMC	0001	0119	1001	5610300			300,000.00	
7	PH TCM Revenue	0001	0410	2920	4530800		(500,000.00)		
8	PH Salary Without Benefits	0001	0410	2825	5102000			125,000.00	
9	PH Contract Services	0001	0410	2825	5255500			1,500,000.00	
10	PH Office Supplies	0001	0410	2825	5250100			26,035.00	
11	VMC Overtime	0060	0921	6852	5103000			350,000.00	
12	VMC Expense Reimbursement	0060	0921	6852	5440200			(350,000.00)	
13	PH Prof Services Internal	0001	0410	2825	5258200			350,000.00	
14									
15									
16									
17									
18									
19									
20									
21									
22	Transfer from trust fund (Fund # _____)								
23	Transfer from fund balance (Fund # _____)								
24	Others - Describe:								
25									
26	Total forwarded from other pages (Page 2) _____								

TOTAL	5,102,070.00	5,102,070.00
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Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others
Brief Description: Public Health Emergency Response Phase III Funding

SAP Document numbers FM _____ Entered to SAP by: _____ Date entered : _____	Prepared By : Name (print): Martha Paine Telephone: 885-6860 Clerk of the Board Approved by the Board of Supervisors Clerk of the Board By: _____ Date _____
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