

(Forward original to The Controller-Treasurer Department)

COUNTY OF SANTA CLARA

F - 85

Page 1 of 1

REQUEST FOR APPROPRIATION MODIFICATION
FISCAL YEAR 2010

For
Controller's
Office
Use
Only

Agency/Department Name: OFFICE OF THE SHERIFF

| Line # | Description | Fund | Superior Fd Cntr | Cost Center | G.L. Account | Project Definition/ Employee Class | Amount (in Dollars) | | |
|--------|--|------|------------------|-------------|--------------|---------------------------------------|---------------------|-------------|--|
| | | | | | | | Revenue | Expenditure | |
| 1 | Salaries w/o Benefits | 0001 | 0230 | 3916 | 5102000 | | 99,176.00 | | |
| 2 | Reimbursement - Prof & Spec Svs | 0001 | 0230 | 3916 | 5440200 | | (99,176.00) | | |
| 3 | | | | | | | | | |
| 4 | Security Services - Internal | 0001 | 0501 | 4804 | 5255200 | | 99,176.00 | | |
| 5 | Contract Services | 0001 | 0501 | 5300 | 5255500 | | (99,176.00) | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | Transfer from trust fund (Fund # _____) | | | | | | | | |
| 24 | Transfer from fund balance (Fund # _____) | | | | | | | | |
| 25 | Others - Describe: | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | Total forwarded from other pages (Page ____ to ____) | | | | | | | | |

TOTAL Revenue: - Expenditure: -

- Recognize new expenditure/revenue (ongoing)
- Recognize new expenditure/revenue (one-time)
- Re-appropriate prior year unspent expenditures (one-time)
- Others

Brief Description: Interagency agreement between Social Services Agency and Sheriff's Office to add 1 Deputy Sheriff for supplemental law enforcement services at SSA.

| | |
|-----------------------------|---|
| SAP Document numbers | Prepared By : |
| FM _____ | Name (print): Michelle Sandoval |
| Entered to SAP by: _____ | Telephone: 808-4901 |
| Date entered : _____ | |
| Transmittal #F85-77 | Clerk of the Board |
| | Approved by the Board of Supervisors |
| | Clerk of the Board By: _____ Date _____ |