

(Forward original to The Controller-Treasurer Department)

**COUNTY OF SANTA CLARA**  
**REQUEST FOR APPROPRIATION MODIFICATION**  
**FISCAL YEAR = 2010**

**F - 85**

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For  
Controller's  
Office

Agency/Department Name: Public Health

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	0410	2811	5102000			16,083.00
2	Budget Salary Reduction	0001	0410	2811	5107000			(171,225.00)
3	Temporary Employees	0001	0410	2811	5101100			37,245.00
4	Office Expense	0001	0410	2811	5250100			2,000.00
5	Education Materials	0001	0410	2811	5250600			(17,294.00)
6	Printing - External	0001	0410	2811	5250700			(1,058.00)
7	Education Exp - Other	0001	0410	2811	5250900			(611.00)
8	Training Programs	0001	0410	2811	5252100			(1,500.00)
9	Contract Services	0001	0410	2811	5255500			(100,180.00)
10	PC Hardware	0001	0410	2811	5275200			(2,600.00)
11	Mileage	0001	0410	2811	5285300			700.00
12	Business Travel	0001	0410	2811	5285800			(3,030.00)
13	Other Grants & Aids	0001	0410	2811	4580100		(46,470.00)	
14	Prof Svc - Internal	0001	0410	2811	5258200			195,000.00
15	Countywide Collision Database	0020	0603	6474	5530200	603-42892		195,000.00
16	State Grant -Traffic Safety	0020	0603	6474	4415100		195,000.00	
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 2) _____							
<b>TOTAL</b>							<b>148,530.00</b>	<b>148,530.00</b>

Recognize new expenditure/revenue (ongoing)  
 Recognize new expenditure/revenue (one-time)  
 Re-appropriate prior year unspent expenditures (one-time)  
 Others  
**Brief Description: Decreased funding in the State funded Traffic Safety Integration & Coordination project**

<p><b>SAP Document numbers</b></p> <p>FM _____</p> <p>Entered to SAP by: _____</p> <p>Date entered : _____</p> <p><b>Transmittal # 051</b></p> <p>BU410T007</p>	<p><b>Prepared By :</b></p> <p>Name (print): <b>Tuan Nguyen</b></p> <p>Telephone: <b>885-3884</b></p> <hr/> <p style="text-align: center;"><b>Clerk of the Board</b></p> <p>Approved by the Board of Supervisors</p> <hr/> <p>Clerk of the Board By: _____ Date _____</p>
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