

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	Grant Revenue	0060	0921	6852	4727100		419,505.00	
2	Fixed Asset Projects	0060	0921	6849	5530200	921-E10-0105		419,505.00
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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 ___)						-	-
<b>TOTAL</b>							<b>419,505.00</b>	<b>419,505.00</b>

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

Brief Description: Increases revenue and expense for ARRA Grant for Bascom Capital Improvement Project

<b>SAP Document numbers</b>	<b>Prepared By :</b>
FM _____	Name (print): Hope Ryan
Entered to SAP by: _____	Telephone: 885-6809
Date entered : _____	<b>Clerk of the Board</b>
<b>Transmittal # 052</b>	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 #:		
Agency/Department Name: Community Health Services									
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		
							Revenue	Expenditure	
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68	Page Total - Enter here and on Page 1, Line 20							0.00	0.00

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COUNTY OF SANTA CLARA								F - 85		
Page 3 of 3		REQUEST FOR APPROPRIATION MODIFICATION						Transmittal #:		
FISCAL YEAR = 2008										
Agency/Department Name:										
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		Office Use Only	
							Revenue	Expenditure		
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109	Page Total - Enter here and on Page 1, Line 20							0.00	0.00	