

26-043

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name

HEALTH + HUMAN SERVICES

Department Name (if applicable)

NON-DEPT COSTS | General Fund

3. Date

1/3/06

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5770000	10111000		
	001A	5770000	10111000	SALARIES + WAGES - Regular Employees	1,685,225
USE OF FINANCING					
	001A	7250000	30310800	WELFARE ASST PAYMENTS	1,685,225

5. JUSTIFICATION (Attach Memo if Necessary)

RELEASE ~~COSTS~~ FUNDS TO COVER BUDGET OVERRUNS IN IHSS PROVIDER PAYMENTS DUE TO PROVIDER WAGE INCREASE AND INCREASE IN NON-FEDERAL CASELOAD

Department Head

LYNN FLANK

Department Head (if applicable)

By

Lynn Flank

Date

1-4-06

By

Arvid Foster Hall

Date

1/10/06

6. ACTION

- Dept. Head Approval(s) only required
- Board Action Required
- Four-Fifths Vote Required

Auditor-Controller

By

Cynthia L. Bann

Date

1/10/06

County Executive

7. APPROVAL

- Approve
- Disapprove

By

Arvid Foster Hall

Date

1/10/06

8. RESOLUTION

On a motion by Supervisor _____, seconded by Supervisor _____ the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this _____ day of _____ 19____ by the following vote, to wit:

AYES: Supervisors,
NOES: Supervisors,
ABSENT: Supervisors,

Resolution Number _____

CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA

(SEAL)

ATTEST:

CLERK OF THE BOARD OF SUPERVISORS

Distribution (Board of Supervisor Approved)

White - Board of Supervisors
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