

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name
Health and Human Services

Department Name (if applicable)

3. Date
1/28/08

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

SOURCE OF FINANCING	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
	001A	5980000	79790100	Contingency	3,129,585
	001A	5705701	7100000	Reserve for Assistance Payments	2,271,375
USE OF FINANCING	001A	7271000	30310600	Contract Service Private	5,106,860

COUNTY OF SACRAMENTO
 AUDITOR-CONTROLLER
 JAN 29 AM 8:29

5. JUSTIFICATION (Attach Memo if Necessary)

Transfer to the Department of Health and Human Services - Medical Treatment Account to fund increased costs associated with the University of California, Davis, Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP).

Department Head
Lynn Frank

Department Head (if applicable)

By: **Michael Pocius**

Date
1/28/08

By: **David Foster Hall**

Date
1/28/08

6. ACTION

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

Auditor-Controller

By: **Cynthia R. Bell**

Date
1/29/08

7. APPROVAL

- Approve
- Disapprove

County Executive

By: **[Signature]**

Date

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