

COUNTY OF SACRAMENTO

1. REQUEST NUMBER
29-025

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name Health + Human Services	Department Name (if applicable)	3. Date 2/26/09
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4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5705701	92988000	Operating Transfer In	10,026,125
USE OF FINANCING	001A	7271000	3036000	Community Based Org	5,694,448
	001A	7271000	30310600	Contract Svs Providers	3,791,222
	001A	7271000	90956800	Reassignment	540,455

5. JUSTIFICATION (Attach Memo if Necessary)

See Attached Board Letter

Midyear Budget 3/3/09

Department Head Lynn Frank	Department Head (if applicable)
By: Sue Trust	Date: 2-17-09

6. ACTION

Dept. Head Approval(s) only required

Board Action Required

Four-Fifths Vote Required

Auditor-Controller

By: **Kerrodmy Doan** Date: **2/27/09**

7. APPROVAL

Approve

Disapprove

County Executive

By: **L Foster Hill** Date: **2/26/09**

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 _____

(SEAL)
ATTEST: _____

CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA

CLERK OF THE BOARD OF SUPERVISORS

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