

| | | | | | |
|---|-----------------|---|---|----|---------------|
| CONTRA COSTA COUNTY ESTIMATED REVENUE ADJUSTMENT/ ALLOCATION ADJUSTMENT T/C 24 | | | AUDITOR-CONTROLLER USE ONLY FINAL APPROVAL NEEDED BY: <input checked="checked" type="checkbox"/> BOARD OF SUPERVISORS <input type="checkbox"/> COUNTY ADMINISTRATOR <input type="checkbox"/> AUDITOR-CONTROLLER | | |
| ACCOUNT CODING | | DEPARTMENT : DEPT. 0504, EHSD, WORKFORCE SERVICES | | | |
| ORGANIZATION | REVENUE ACCOUNT | REVENUE ACCOUNT DESCRIPTION | INCREASE | | <DECREASE> |
| 5421 | 9259 | ST AID REALIGNMENT-VLF | 2,246,400 | | |
| 5421 | 9261 | STATE AID FAMILY INC MTCE | | | 18,998,107 |
| 5421 | 9263 | ST AID REALIGNMENT-SALES TAX | 14,073,437 | | |
| 5421 | 9471 | FED AID FAMILY INC MTCE | 7,247,123 | | |
| 5421 | 9951 | REIMBURSEMENTS - GOV/GOV | | | 4,076,273 |
| 5424 | 9261 | STATE AID FAMILY INC MTCE | 614,194 | | |
| TOTALS | | | 24,181,154 | 00 | 23,074,380 00 |

| | |
|---|---|
| <p style="text-align: center;">APPROVED</p> <p>AUDITOR-CONTROLLER: BY: <u>Maria Rulloda</u> DATE <u>5/11/15</u></p> <p>COUNTY ADMINISTRATOR: BY: <u>Wade Jensen</u> DATE <u>6/1/15</u></p> <p>BOARD OF SUPERVISORS:</p> <p>YES:</p> <p>NO:</p> <p>BY: _____ DATE _____</p> | <p>EXPLANATION OF REQUEST:</p> <p>To recognize realignment revenue in CalWORKS assistance and to adjust State revenue for Realignment offsets.</p> <div style="text-align: center;"> Emilia Gabriele EHSD, Chief Financial Officer 5/1/2015 SIGNATURE TITLE DATE </div> <div style="text-align: right; margin-top: 20px;"> REVENUE ADJ. RAOO <u>5063</u> JOURNAL NO. </div> |
|---|---|

CONTRA COSTA COUNTY
APPROPRIATION ADJUSTMENT
T/C 27

AUDITOR-CONTROLLER USE ONLY
FINAL APPROVAL NEEDED BY:

- ☒ BOARD OF SUPERVISORS
☐ COUNTY ADMINISTRATOR
☐ AUDITOR CONTROLLER

| ACCOUNT CODING | | DEPARTMENT : DEPT. 0504, EHSD, WORKFORCE SERVICES | | | | | |
|----------------|----------------------------|---|------------|--|--|------------|--|
| ORGANIZATION | EXPENDITURE SUB-ACCOUNT | EXPENDITURE ACCOUNT DESCRIPTION | <DECREASE> | | | INCREASE | |
| 5421 | 3311 | FEDERAL AID | | | | 7,247,123 | |
| 5421 | 3312 | STATE AID, 20111 REALIGN | 4,076,273 | | | | |
| 5421 | 3314 | STATE AID | 5,393,735 | | | | |
| 5421 | 3321 | AB85 STATE MAP AID | | | | 2,715,465 | |
| 5424 | 3311 | FEDERAL AID | 6,185 | | | | |
| 5424 | 3314 | STATE AID | | | | 620,379 | |
| TOTALS | | | 9,476,193 | | | 10,582,967 | |

APPROVED

AUDITOR-CONTROLLER:
BY: Mani Rullo DATE 5/11/15

COUNTY ADMINISTRATOR:
BY: Daney Sanchez DATE 6/1/15

BOARD OF SUPERVISORS:

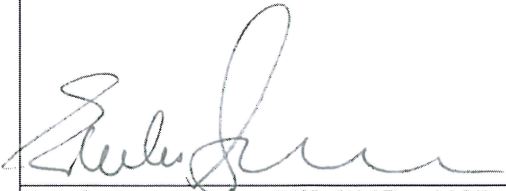
YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST

To adjust assistance expenditure appropriations based on FY 14/15 Y-T-D actuals



| | | |
|-----------------|-------------------------------|----------|
| Emilia Gabriele | EHSD, Chief Financial Officer | 5/1/2015 |
| SIGNATURE | TITLE | DATE |

APPROPRIATION APOO 5063

ADJ. JOURNAL NO.