CONTRA COSTA COUNTY
ESTIMATED REVENUE ADJUSTMENT/
ALLOCATION ADJUSTMENT
T/C 24

DEPARTMENT : Health Services - Enterprise Fund II (0861-146100)

ACCOUNT CODING					
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
6291	8382	Health Plan Subsidy	500,000	00	
		TOTALS	500,000	00	0	00

APPROVED

AUDITOR-CONTROLLER:

BY: _____ DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: Enid Mendoza DATE 10/29/15

BOARD OF SUPERVISORS:

YES:

NO:

BY:_____ DATE_____

EXPLANATION OF REQUEST:

To adjust appropriations and revenues to reflect $500,000 for the CARES Program.

Enid Mendoza Sr. Deputy County Administrator   10/26/2015
SIGNATURE   TITLE   DATE

REVENUE ADJ.   RAOO   5013
JOURNAL NO.

CONTRA COSTA COUNTY

APPROPRIATION ADJUSTMENT /

ALLOCATION ADJUSTMENT

T/C 27

ACCOUNT CODING		DEPARTMENT : Health Services - CCHP Community Plan (0861)				
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE	
6291	2802	Registry			500,000	00
		TOTALS	0	00	500,000	00

APPROVED

AUDITOR-CONTROLLER:

BY: _____ DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: Enid Mendoza DATE 10/29/15

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST:

To adjust appropriations and revenues to reflect $500,000 for the CARES Program.

Enid Mendoza Sr Deputy County Administrator   10/26/2015
SIGNATURE   TITLE   DATE

APPROPRIATION   APOO   5013

ADJ. JOURNAL NO.