
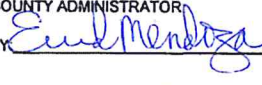




CONTRA COSTA COUNTY ESTIMATED REVENUE ADJUSTMENT/ ALLOCATION ADJUSTMENT T/C 24			AUDITOR-CONTROLLER USE ONLY FINAL APPROVAL NEEDED BY:	
			<input checked="" type="checkbox"/> BOARD OF SUPERVISORS	
			<input checked="" type="checkbox"/> COUNTY ADMINISTRATOR	
			<input checked="" type="checkbox"/> AUDITOR-CONTROLLER	
ACCOUNT CODING		DEPARTMENT : DEPT. 0502, EHSD, CHILDREN & FAMILY SERVICES (CFS)		
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE	<DECREASE>
5251	9472	FED AID CHILD BRDNG HOME	25,888	
5251	9951	REIMBURSEMENTS - GOV/GOV	352,851	
5251	9259	ST AID REALIGNMENT-VLF		68,442
5251	9263	ST AID RELGNMT-SALES TAX		90,725
5252	9475	FED AID ADOPTIONS		205,845
5252	9951	REIMBURSEMENTS - GOV/GOV		59,947
5252	9259	ST AID REALIGNMENT-VLF		8,594
5252	9263	ST AID RELGNMT-SALES TAX		11,392
5254	9472	FED AID CHILD BRDNG HOME	393,640	
5254	9259	ST AID REALIGNMENT-VLF	72,596	
5254	9263	ST AID RELGNMT-SALES TAX	96,233	
5256	9472	FED AID CHILD BRDNG HOME	37,917	
5256	9951	REIMBURSEMENTS - GOV/GOV	52,016	
5256	9259	ST AID REALIGNMENT-VLF	4,439	
5256	9263	ST AID RELGNMT-SALES TAX	5,884	
5256	9262	ST AID CHILDREN BRDNG HOME		18,466
TOTALS			1,041,464	463,411
			00	00
APPROVED			EXPLANATION OF REQUEST:	
AUDITOR-CONTROLLER: BY:  DATE <u>11/21/16</u>			To appropriate new revenue in FY 16/17 due to an increase in client aid in the following programs: Foster Care, KinGAP Assistance and Emergency Assistance Foster Care. To decrease revenue in FY 16/17 due to a decrease in client aid in the following program: Adoptions Assistance.	
COUNTY ADMINISTRATOR: BY:  DATE <u>11/29/16</u>				
BOARD OF SUPERVISORS: YES: NO:				
BY: _____ DATE _____				
			 Emilia Gabriele EHS, Chief Financial Officer 11/16/2016 SIGNATURE TITLE DATE	
			REVENUE ADJ. RAOO <u>5029</u> JOURNAL NO.	

CONTRA COSTA COUNTY APPROPRIATION ADJUSTMENT T/C 27			AUDITOR-CONTROLLER USE ONLY FINAL APPROVAL NEEDED BY:			
			<input checked="" type="checkbox"/> BOARD OF SUPERVISORS <input checked="" type="checkbox"/> COUNTY ADMINISTRATOR <input checked="" type="checkbox"/> AUDITOR CONTROLLER			
ACCOUNT CODING		DEPARTMENT : DEPT. 0502, EHSD, CHILDREN & FAMILY SERVICES (CFS)				
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE	
5251	3311	FEDERAL AID				25,888
5251	3312	STATE AID, 2011 REALIGN				46,143
5251	3313	COUNTY AID, BASIC				147,542
5252	3311	FEDERAL AID		205,845		
5252	3312	STATE AID, 2011 REALIGN		59,947		
5252	3313	COUNTY AID, BASIC		19,986		
5254	3311	FEDERAL AID				393,640
5254	3313	COUNTY AID, BASIC				168,829
5258	3311	FEDERAL AID				37,917
5256	3312	STATE AID, 2011 REALIGN				52,016
5256	3313	COUNTY AID, BASIC				10,322
5256	3314	STATE AID		79,308		
5256	3321	AB85 STATE MAP AID				60,842
TOTALS				365,086		943,139
APPROVED			EXPLANATION OF REQUEST			
AUDITOR-CONTROLLER: BY: <u>[Signature]</u> DATE <u>11/21/16</u>			To appropriate new expenditures in FY 16/17 due to an increase in client aid in the following programs: Foster Care, KinGAP Assistance and Emergency Assistance Foster Care. To decrease expenditures in FY 16/17 due to a decrease in client aid in the following program: Adoptions Assistance. <div style="text-align: center;">  Emilia Gabriels EHS, Chief Financial Officer 11/16/2016 </div>			
COUNTY ADMINISTRATOR: BY: <u>[Signature]</u> DATE <u>11/29/16</u>						
BOARD OF SUPERVISORS: YES: NO:						
BY: _____ DATE _____						
			SIGNATURE _____ TITLE _____ DATE _____ APPROPRIATION APOO <u>5029</u> ADJ. JOURNAL NO. _____			