

PY

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

AUDITOR-CONTROLLER USE ONLY
2019 JUL 23 P 3:15

AUDITOR-CONTROLLER USE ONLY
FINAL APPROVAL NEEDED BY:

- BOARD OF SUPERVISORS
- COUNTY ADMINISTRATOR
- AUDITOR-CONTROLLER

ACCOUNT CODING		DEPARTMENT : 0583, WORKFORCE DEVELOPMENT BOARD			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
5665	9555	FED AID EMPLOY & TRAINING	146,345	00	
TOTALS			146,345	00	0 00

APPROVED

AUDITOR-CONTROLLER:
BY: [Signature] DATE 7/24/19

COUNTY ADMINISTRATOR:
BY: [Signature] DATE 8/1/19

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST:

To increase salaries and benefits, travel, contracts and operating expenditures by \$146,345 due to additional EDD Disability Employment Accelerator grant in FY 18-19.

[Signature] EHS
CFD 7/23/19
SIGNATURE TITLE DATE

REVENUE ADJ. RAOO 5104
JOURNAL NO.

PY

AUDITOR-CONTROLLER

CONTRA COSTA COUNTY
 APPROPRIATION ADJUSTMENT
 T/C 27

2019 JUL 23 P 3:18

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

- BOARD OF SUPERVISORS
- COUNTY ADMINISTRATOR
- AUDITOR CONTROLLER

ACCOUNT CODING

DEPARTMENT : 0583, WORKFORCE DEVELOPMENT BOARD

ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE	
5619	1011	PERMANENT SALARIES			28,190	00
5619	1015	DEFERRED COMP CTY CONTRIB			665	00
5619	1042	FICA			2,157	00
5619	1044	RETIREMENT EXPENSE			8,696	00
5619	1060	EMPLOYEE GROUP INSURANCE			3,224	00
5619	1063	UNEMPLOYMENT INSURANCE			14	00
5619	1070	WORKERS COMPENSATION INS			1,434	00
5619	1081	LABOR RECEIVED/PROVIDED	44,380.00	00		
5665	1081	LABOR RECEIVED/PROVIDED			44,380	00
5619	2262	OCCUPANCY COSTS			15,141	00
5619	2315	DATA PROCESSING SERVICE			1,709	00
5619	2328	ADMIN SERVICES			4,035	00
5665	2303	OTHER TRAVEL EMPLOYEES			6,080	00
5665	2310	NON CNTY PROF SPCLZD SVC			75,000	00
5619	5022	INTRAFUND-TRANS-SERVICES	20,885.	00		
5665	5022	INTRAFUND-TRANS-SERVICES			20,885	00
TOTALS			65,265	00	211,610	00

APPROVED

AUDITOR-CONTROLLER:

BY: [Signature] DATE 7/24/19

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 8/1/19

BOARD OF SUPERVISORS:

YES:

NO:

BY: _____ DATE _____

EXPLANATION OF REQUEST

To increase salaries and benefits, travel, contracts and operating expenditures by \$146,345 for the WIOA Disability Employment Accelerator grant in FY 18-19.

[Signature]

EHSO
CFO

7/23/19

SIGNATURE TITLE DATE

APPROPRIATION APOO 5104
 ADJ. JOURNAL NO.