

CONTRA COSTA COUNTY OR -CONTROLLER US FINAL APPROVAL NEEDED B ESTIMATED REVENUE ADJUSTIMENT/ 23 D 3. 1 BOARD OF SUPERVISORS

| AUDITOR-CONTROLLER USE ONL | Y. |
|----------------------------|----|
| FINAL APPROVAL NEEDED BY: | |

| | ESTIMATE | D REVENUE ADJUŞUNE | OL 23 D 3: 11 | | 4KD OF 301 | PERV | ISONS | - 1 |
|-----------------------|-----------|------------------------|--|--------------|-------------|-----------------------|-----------------------|------|
| ALLOCATION ADJUSTMENT | | | X COUNTY ADMINISTRATOR | | | | | |
| T/C 24 | | | X AUDITOR-CONTROLLER | | | | | |
| ACCOUNT | CODING | DEPARTMENT: | 0583. WORKFORCE | DEVELOPA | MENT BOA | ARD | | |
| REVENUE | | | 0583, WORKFORCE DEVELOPMENT BOARD DESCRIPTION INCREASE | | | <decrease></decrease> | | |
| ORGANIZATION | ACCOUNT | REVENUE ACCOUNT I | DESCRIPTION | INC | KEASE | | VDEOREASE? | |
| 5666 | 9555 | FED AID EMPLOY & TRAIN | ING | | 775,000 | 00 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | 7 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ADDE | ROVED | TOTALS | | 775,000 | 00 | 0 | 00 |
| ALIBERTOR CONTE | | OVED | EXPLANATION OF REG | OLOT. | | | | - |
| AUDITOR-CONTE | | 2 DATE 7/24/19 | To increase Revenu | ue budget in | FY 2018- | -19 t | y \$775,000.00 due | e to |
| BY: | 34 | DATE | additional EDD Sling | gshot-Regio | onal Plan I | Imple | ementation allocation | on. |
| COUNTY ADMINI | STRATOR: | 1 DATE 1/19 | | | | | | |
| 150 | v pace | - 5/1/1/ | | | | | | |
| BOARD OF SUPE | ERVISORS: | | | | | | | |
| YES: | | | | | | | | |
| | | | , , | | | | | |
| NO: | | | Mnn | | EHS | D | t. | |
| | | | Allan | ifu. | CFO | 2 | 7/23/19 | |
| | | | SIGNAT | | TITLE | E RAOO | 5105 | |
| BY: | | DATE | | JOURNAL N | | MOO | 5105 | |
| -11 | | | | | | | | |



| | | | HTOR-CONTRO | | AUDITOR-CON | | | | |
|--------------------------------------|-----------|-----------------------------------|--|----------------------|----------------|----------------|-----------------------------------|--|--|
| | | CONTRA COSTA COUNTY | 10 III 02 C | | INAL APPROVAL | | | | |
| | | APPROPRIATION ADJUSTMEN∰ JUL 23 P | | BOARD OF SUPERVISORS | | | | | |
| | | T/C 27 | | X | COUNTY ADMIN | NISTR/ | ATOR | | |
| | | | | X | AUDITOR CONT | roll | .ER | | |
| CCOUNT CODIN | G | DEPARTMENT : | : 0583, WORKFORCE | DEVEL | OPMENT BOAI | RD. | | | |
| EXPENDITURE ORGANIZATION SUB-ACCOUNT | | EXPENDITURE ACCOUNT DESCRIPTION | | | DECREASE> | INCREASE | | | |
| | | | | | | | 00.050 | | |
| 5619 | 1011 | PERMANENT SALARIES | | | | | 33,652 | | |
| 5619 | 1015 | DEFERRED COMP CTY COM | NTRIB | | | | 793 | | |
| 5619 | 1042 | FICA | | | | | 2,574 | | |
| 5619 | 1044 | RETIREMENT EXPENSE | | | | | 10,381 | | |
| 5619 | 1060 | EMPLOYEE GROUP INSURA | ANCE | | | - 1 | 3,848 | | |
| 5619 | 1063 | UNEMPLOYMENT INSURA | NCE | | | | 17 | | |
| 5619 | 1070 | WORKERS COMPENSATION | N INS | 1 1 | | | 1,713 | | |
| 5619 | 1081 | LABOR RECEIVED/PROVID | DED | | 52,978 | 00 | | | |
| 5666 | 1081 | LABOR RECEIVED/PROVID | | | | | 52,978 | | |
| 5666 | 2310 | NON CNTY PROF SPCLZD S | Marie and Marie | | | | 650,946 | | |
| 5619 | 2262 | BLDG OCCUPANCY COSTS | | | | | 15,279 | | |
| | 2315 | DATA PROCESSING SERVI | | | = | | 1,725 | | |
| 5619 | 2328 | ADMIN SERVICES | CE | 1 | | | 4,072 | | |
| 5619 | | | E0 | | | 1 | 50,000 | | |
| 5666 | 2477 | ED SUPPLIES AND COURSI | | | 24.076 | 00 | 30,000 | | |
| 5619 | 5022 | INTRAFUND-TRANS-SERVICES | | | 21,076 | | 04.076 | | |
| 5666 | 5022 | INTRAFUND-TRANS-SERV | ICES | | | | 21,076 | | |
| | | | | | | | | | |
| | | | TOTALS | | 74,054 | 00 | 849,054 | | |
| APPROVED | | | EXPLANATION OF REQ | | 74,004 | 001 | 040,004 | | |
| BY: COUNTY ADMIN | COC | 2- DATE 7/24/19 | To increase salaries expenditures by \$77 Implementation allog | 75,000.0 | 0 for the WIOA | s and Sling | l operating gshot-Regional Pla | | |
| BY: | Juvu | 1 DATE 0 / 1/// / | implementation alloc | Janoii II | 11 10 10. | | | | |
| 9 | ERVISORS: | | | | | | | | |
| BOARD OF SUPI | | | 1 | | | | | | |
| BOARD OF SUPP | | | | | | | | | |
| | | | Mans | 2 | EHS CFO | p | 7/23/19 | | |
| YES: | | | Mans | | TITLE | POO. | DATE | | |