

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

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

- ☒ BOARD OF SUPERVISORS
☐ COUNTY ADMINISTRATOR
☐ AUDITOR-CONTROLLER

ACCOUNT CODING		DEPARTMENT : Health Services - Enterprise Fund II (0861-146100)			
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: [Signature] DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 10/29/15

BOARD OF SUPERVISORS:

YES: Gioia, Piepho, Mitchoff, Glover

NO: Andersen

BY: [Signature] DATE 11-03-15

EXPLANATION OF REQUEST:

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

[Signature] Sr. Deputy County Administrator 10/28/2015
SIGNATURE TITLE DATE

REVENUE ADJ. RA00 5013
JOURNAL NO.

CONTRA COSTA COUNTY
APPROPRIATION ADJUSTMENT /
ALLOCATION ADJUSTMENT
T/C 27

AUDITOR-CONTROLLER USE ONLY

FINAL APPROVAL NEEDED BY:

- ☒ BOARD OF SUPERVISORS
☐ COUNTY ADMINISTRATOR
☐ AUDITOR-CONTROLLER

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: [Signature] DATE 10/29/15

COUNTY ADMINISTRATOR:

BY: [Signature] DATE 10/29/15

BOARD OF SUPERVISORS:

YES: Gioia, Piepho, Mitchoff, Glover

NO: Andersen

BY: [Signature] DATE 11-03-15

EXPLANATION OF REQUEST:

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

[Signature] Sr Deputy County Administrator 10/26/2015
SIGNATURE TITLE DATE

APPROPRIATION APOD 5013
ADJ. JOURNAL NO.