## CONTRA COSTA COUNTY APPROPRIATION ADJUSTMENT / ALLOCATION ADJUSTMENT

T/C 27

AUDITOR-CONTROLLER USE ONLY

| r     |   |  | 1000011   | VOL VIILI     |        |
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|       | FINAL APPE  | ROVAL                                  | NEEDED    | BY.           |        |
|       | BOARD OF  | SUPE                                   | RVISORS   | ;             |        |
|       | COUNTY A  | DMINIS                                 | TRATOR    |               |        |
|       | AUDITOR-0   |  |           |               |        |
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| _     |   |  | ·         |               |        |
|       | <decrease:< td=""><td>&gt;</td><td></td><td>INCREASE</td><td></td></decrease:<> | >                                      |           | INCREASE      |        |
|       | 90,88   | 82 00                                  |           |               | $\Box$ |
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| ·     | 90,882  | 00                                     |           | 181,764       | 00     |
| DEST  | i :<br>ehicle purchase auth   | orized b                               | v the Boa | rd in the     |        |
| entic | on Team.  |  | •         |               |        |
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| 70    | Health Cardana Co   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | , ,       | . 2 - 10      | 2      |
| E     | Health Services CO  | U/ CFC                                 | ) [       | -3-18<br>DATE | 2_     |
| PR    | OPRIATION APO   | 00                                     | 504       | -6            |        |

| ACCOUN           | T CODING    | DEPARTMENT : Health Service  | es - Behavioral Health  |   |              |                    |      |
|------------------|-------------|--|-------------------------|---|--------------|--------------------|------|
| ORGANIZATION     | SUB-ACCOUNT |  |                         | *DECDE 4  |              |                    |      |
| 5957             | 1011        | Pennanent Salaries   | ON DESCRIPTION          | <decrea< td=""><td>,882 00</td><td>INCREASE</td><td></td></decrea<> | ,882 00      | INCREASE           |      |
| 5957             | 5011        | Reimbursement Gov/Gov  |                         | 90  | ,002 00      |                    |      |
| 4284             | 4953        | Autos & Trucks   |                         |   |              | 90,88              | 1    |
|                  |             | THE STATE OF THE S |                         |   |              | 90,88              | 2 00 |
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|                  | A.P.PRO     | /ED  | EXPLANATION OF REC      |   | 82 00        | 181,764            | 00   |
| AUDITOR-CONTROL  |             |  |                         | aues i:<br>nt for vehicle purchase a                                | uthorized by | the Board in the   |      |
| AODITOR-CONTROL  | LEN:        |  | MHSA Mobile Crisis Inte | rvention Team.  |              | THE BOSING IN SIZE | •    |
| BY:              | 1-1         | DATE_1/9/17  |                         |   |              |                    |      |
|                  |             | The second of th |                         |   |              |                    |      |
| COUNTY ADMINISTR | ATOR:       |  |                         |   |              |                    |      |
| BY: Aulte        | Eren        | DATE_1/9/18  |                         |   |              |                    |      |
| 7/               |             | - UNIL_1131_10   |                         |   |              |                    |      |
| BOARS OF SUPERVI | SORS:       |  |                         |   |              |                    |      |
|                  |             |  | E 2                     |   |              |                    |      |
| YES: Gioia, Ar   | ndersen, Bu | ırgis, Glover  |                         |   |              |                    |      |
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| No: None         |             |  | 11                      | ((()))  |              |                    |      |
|                  |             |  | <i>\).</i> \            | AUD 1   |              | ,                  |      |
| Absent: Mitch    | off         |  | V                       | Manual Design   | 000/000      | 1,2-10             | ę.   |
|                  | Λ           | <u> </u>   | SIGNATU                 | Health Services JRE TITL  | E COU/ CFO   | 1-3-18<br>DATE     |      |
| At ha            | 4 1         |  |                         |   |              |                    |      |
| 34 Dlacy M       | Doyd        | DATE 1/16/2018   |                         |   | 4400         | 5046               |      |
| M 129 Rev 05/09/ | 71          | The second secon |                         | ADJ. JOURNAL NO   |              |                    |      |

## CONTRA COSTA COUNTY ESTIMATED REVENUE ADJUSTMENT/ ALLOCATION ADJUSTMENT

T/C 24

AUD:TOR-CONTROLLER USE ONLY

|   | FINAL | APPRO | VAL. | NEEDED | 8Y |  |
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BOARD OF SUPERVISORS

COUNTY ADMINISTRATOR

|  |           |                           |  | E - Controll working           |                       |
|--|-----------|---------------------------|--|--------------------------------|-----------------------|
| ACCOUNT  | CODING    | DEPARTMENT : Health Servi | ces - Behavioral Health                            | 1                              |                       |
| ORGANIZATION ACCOUNT   |           |                           | INT DESCRIPTION                                    | INCOPAGE .                     |                       |
| 4284   | 9951      | Reimbursement Gov/Gov     |  | 90,882 00                      | <decrease></decrease> |
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|  | APPRO     | VED                       | TOTALS   | 90,882 00                      | 0 00                  |
| IOTOD CONTROLL   |           | 7450                      | EXPLANATION OF REQUES Appropriation adjustment for | vehicle purchase authorized by | the Board in the      |
| JOITOR-CONTROLL  | DC-       | 1 ,                       | MHSA Mobile Crisis Intervent                       | ion Team                       | one board in the      |
| ( ( ),50   |           | DATE 1 8/17               |  |                                |                       |
| DUNTY ADMINISTRA   | TOR       |                           |  |                                |                       |
| ':   |           | DATE                      |  |                                |                       |
| The state of the s |           |                           |  |                                |                       |
| ARD OF SUPERVIS  | ORS       |                           | *  |                                |                       |
| s: Ciaia And   | D.        | maia Olassan              |  |                                |                       |
| s: Gioia, And  | ersen, bu | irgis, Giover             |  | *                              |                       |
|  |           |                           | ·-· /  |                                |                       |
| . None   |           |                           | 0216   | 164                            |                       |
| and BAY  | cc.       |                           | I WYE  |                                | 100                   |
| sent: Mitcho   | Π         |                           | SIGNATURE  | Health Services COO/ CFO       | 1-3-18<br>DATE        |
| Stacy M  | 1. 1      | _                         | REV  | ENUE ADJ. RAGO                 | 5046                  |
| Ducin 111  | Day 9     | DATE1/16/2018             |  | RNAL NO.                       | 71/10                 |
| 34 Rev 05/09)  | //        |                           |  |                                |                       |