## CONTRA COSTA COUNTY APPROPRIATION ADJUSTMENT / ALLOCATION ADJUSTMENT

T/C 27

(M129 Rev 05/09)

| <br>AUDITOR-CONTROLLER USE ONLY | Ĺ |
|---------------------------------|---|
| FINAL APPROVAL NEEDED BY:       |   |
| BOARD OF SUPERVISORS            |   |
| COUNTY ADMINISTRATOR            |   |
| AUDITOR-GONTROLLER              |   |

| 1/C 27               |                            |   | AUDITOR-GONTROLLER   |                       |             |          |    |
|----------------------|----------------------------|---|--|-----------------------|-------------|----------|----|
| ACCOUN               | T CODING                   | DEPARTMENT : Health Services                                  | - Behavioral Health 0467   |                       |             | •        |    |
| ORGANIZATION         | EXPENDITURE<br>SUB-ACCOUNT | EXPENDITURE ACCOU   | INT DESCRIPTION  | <decrease></decrease> | T           | INCREASE | _  |
| 5899<br>5899<br>4284 | 1011<br>5011<br>4953       | Permanent Salaries<br>Reimbursement Gov/Gov<br>Autos & Trucks |  | 33,091                | 00          | 33,091   |    |
|                      |                            | Value of Hacks  |  |                       |             | 33,091   | 00 |
|                      |                            |   |  |                       |             |          |    |
|                      |                            |   | el<br>N  | ,                     |             | 4        |    |
|                      |                            |   |  |                       |             |          |    |
| 7                    |                            |   |  |                       |             |          |    |
| ,                    |                            |   |  |                       |             |          |    |
|                      |                            |   |  |                       |             |          |    |
|                      |                            |   | TOTALS   | 33,091                | 00          | 66,182   | 00 |
| AUDITOR-CONTRO       | APPRO                      | DATE (C/II/IC)  | EXPLANATION OF REQU<br>Appropriation adjustment for<br>MHSA Innovation project | EST;                  | rized by ti |          |    |
| COLINTY DIVINIST     | TRATOR:                    | DATE 10/16/19   | 22   |                       |             |          |    |
| BOARD OF SUPER       |                            | - DAIE THEFT  |  | *                     |             |          |    |
| res: Gioia, And      | lersen, Burgi              | is, Mitchoff  |  |                       |             |          |    |
| <b>√o</b> : None     |                            |   | PY   | Duy                   |             |          |    |
| ABSENT: Glo          |                            |   | SIGNATUR   | Health Services CO    | OV CFO      | DATE     | _  |
| Stacen               | M Bon                      | 10/22/2019  | Al   | PPROPRIATION APO      | 0_51        | 19       | _  |

## CONTRA COSTA COUNTY ESTIMATED REVENUE ADJUSTMENT/

|   | AUDITOR-CONTROLLER USE ONLY |  |
|---|-----------------------------|--|
|   | FINAL APPROVAL NEEDED BY:   |  |
| X | BOARD OF SUPERVISORS        |  |
|   | COUNTY ADMINISTRATOR        |  |
|   | AUDITOR-CONTROLLER          |  |

|   | ALL  | OCATION ADJUSTMENT<br>T/C 24 | <b>T</b>   | COUNTY AD          | ATOR      |                                  |    |
|---|--|------------------------------|--|--------------------|-----------|----------------------------------|----|
| ACCOUNT   | Name and Address of the Owner, where the Owner, which the Owner, where the Owner, where the Owner, where the Owner, which the | DEPARTMENT : Health Service  | s - Behavioral Health                                    |                    |           |                                  |    |
| ORGANIZATION  | REVENUE<br>ACCOUNT   | REVENUE ACCOUN               | IT DESCRIPTION   | INCREASE           |           | <pre><decrease></decrease></pre> |    |
| 4284  | 9951   | Reimbursement Gov/Gov        |  | 33,09              | 1 00      | QECKEASE?                        | T  |
|   |  |                              |  |                    |           |                                  |    |
|   |  |                              |  |                    |           |                                  |    |
|   | APPRO  | OVED                         | TOTALS EXPLANATION OF REQUI                              | 33,091             | 001       | 0                                | 00 |
| DATE 16 (11/19)  COUNTY ADMINISTRATOR:  DATE /0/11/19  DATE /0/11/19  DATE /0/11/19 |  |                              | Appropriation adjustment to<br>MFISA linnovation project |                    | orized by | the Board in the                 |    |
| Es: Gioia, Andersen, Burgis, Mitchoff  D: None  BSENT: Glover                       |  |                              | SIGNATURI  | Health Services CC | 00/CF0    | DATE                             | _  |
| Atacen Boyd DATE 10/22/2019   |  |                              | REVENUE ADJ. RADO 5009                                   |                    |           |                                  |    |