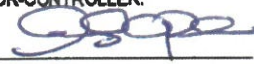
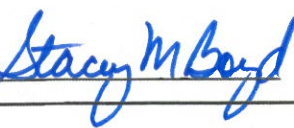



AUDITOR-CONTROLLER			AUDITOR-CONTROLLER USE ONLY			
CONTRA COSTA COUNTY APPROPRIATION ADJUSTMENT T/C 27			FINAL APPROVAL NEEDED BY:			
			<input checked="" type="checkbox"/> BOARD OF SUPERVISORS <input checked="" type="checkbox"/> COUNTY ADMINISTRATOR <input checked="" type="checkbox"/> AUDITOR CONTROLLER			
ACCOUNT CODING		DEPARTMENT : 0583, WORKFORCE DEVELOPMENT BOARD				
ORGANIZATION	EXPENDITURE SUB-ACCOUNT	EXPENDITURE ACCOUNT DESCRIPTION	<DECREASE>		INCREASE	
5619	1011	PERMANENT SALARIES		40,544	00	
5619	1015	DEFERRED COMP CTY CONTRIB		882	00	
5619	1042	FICA		3,114	00	
5619	1044	RETIREMENT EXPENSE		12,238	00	
5619	1060	EMPLOYEE GROUP INSURANCE		4,915	00	
5619	1063	UNEMPLOYMENT INSURANCE		20	00	
5619	1070	WORKERS COMPENSATION INS		1,254	00	
5619	1081	LABOR RECEIVED/PROVIDED				62,967 00
5620	1081	LABOR RECEIVED/PROVIDED		62,967	00	
TOTALS				125,934	00	62,967 00
APPROVED AUDITOR-CONTROLLER: BY:  DATE <u>10/21/19</u>  COUNTY ADMINISTRATOR: BY: _____ DATE _____  BOARD OF SUPERVISORS:  YES: Gioia, Andersen, Burgis, Mitchoff, Glover  NO: None  BY:  DATE <u>11/5/2019</u>			EXPLANATION OF REQUEST  To decrease salaries and benefits and operating expenditures by \$62,967 for the AB109 allocation in FY 19-20.  <div style="text-align: right;">  DFU <u>10/17/19</u> </div>			
			SIGNATURE	TITLE	DATE	
			APPROPRIATION		APOO <u>5012</u>	
			ADJ. JOURNAL NO.			

CONTRA COSTA COUNTY ESTIMATED REVENUE ADJUSTMENT ALLOCATION ADJUSTMENT <b>T/C 24</b>			<b>AUDITOR-CONTROLLER</b> AUDITOR-CONTROLLER USE ONLY FINAL APPROVAL NEEDED BY: <input checked="" type="checkbox"/> BOARD OF SUPERVISORS <input checked="" type="checkbox"/> COUNTY ADMINISTRATOR <input checked="" type="checkbox"/> AUDITOR-CONTROLLER		
ACCOUNT CODING		DEPARTMENT : 0583, WORKFORCE DEVELOPMENT BOARD			
ORGANIZATION	REVENUE ACCOUNT	REVENUE ACCOUNT DESCRIPTION	INCREASE		<DECREASE>
5620	9906	MISC GRANTS & DONATIONS			62,967
<b>TOTALS</b>			0	00	62,967 00

**APPROVED**

AUDITOR-CONTROLLER:

BY: [Signature] DATE 10/21/19

COUNTY ADMINISTRATOR:

BY: \_\_\_\_\_ DATE \_\_\_\_\_

BOARD OF SUPERVISORS:

YES: Gioia, Andersen, Burgis, Mitchoff, Glover

NO: None

BY: [Signature] DATE 11/5/2019

**EXPLANATION OF REQUEST:**

To decrease Revenue budget in FY 2019-20 by \$62,967 due to AB109 grant revised allocation.

SIGNATURE

TITLE

DATE

REVENUE ADJ.

RAOO 5012

JOURNAL NO.