ATTACHMENT I COUNTY OF SACRAMENTO

1. REQUEST NUMBER 28-038

APPROPRIATION ADJUSTMENT REQUEST

Lynn Frank Date Da	<u> </u>									
4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW FUNDE MIDDEN ACCOUNT TITLE AMOUNT SOLA 5765201 3160000 Receive for Assistance Reyments 2,313,585 2,371,335 SOURCE OF FINANCING USE OF FINANCING USE OF FINANCING USE OF FINANCING S. JUSTIFICATION (Attach Memorit Necessary) Transfer to the Department of Health and Human Services — Medical Transfer to the Department of Increased Costs associated with the Transfer to the Country's Medical Systems Contract that Provides Services to the Country's Medical Systems Contract that Provides Services to the Country's Medical Systems Contract that Provides Services Program (CMISP). APPROVAL Dogs Med Action Required Dogs Medical Endigent Services Program (CMISP) APPROVAL Dogs Med Action Required Dogs Medical Systems Contract that Provides Services Program (CMISP). APPROVAL Dogs Med Action Required Dogs Medical Systems Country of Sevamento, State of California, the Supervisors, APPROVAL Dogs Medical Systems Supervisors, ABSINT: Supervisors, Resolution Number Gay of Japanesson And Acquire Country Country California CALIFIC THE BOARD OF SUPERVISORS COMME OF THE BOARD OF SUPERVISORS COMME OF THE BOARD OF SUPERVISORS CALIFORNIA ACCOUNTY CALIFORNIA ATTEST: CLERK OF THE BOARD OF SUPERVISORS COUNTY CALIFORNIA ACCOUNTY CALIFORNIA ACC				1 -	Name (if applicable) -	1 7 - 1			
4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW FUNDY INCEXY ACCOUNT ACCOUNT TITLE ANGUNT	Heath and	1 Human	Service	2				1/28	80	
SOURCE OF STATE DIA STRONG THE BOARD OF SUPERVISORS OF SARAMENTO COUNTY CALIFORNIA DIAPROVSCA COUNTY CALIFORNIA DIAPROVSCA CALIFORNI	4. REQUEST A	DJUSTMENT	OF APPROPR	IATION AS L	ISTED BI	ELOW				
SOURCE OF FINANCING DOLA 7220000 3030000 Centrect Service Private DOLA 7220000 3030000 Centrect Service Private SELOGGEGO USE OF FINANCING SUBSTIFICATION (Altach Memo if Necessary) Transfer to the Department of Health and Human Services - Medical First Treatment Account to fund increased costs associated with the Dinversity of California, Davis, Medical Systems Contract that provides Services to the County's Nedical English Services Program (CMISP). ACTION DOIN 1000 Need Approval(s) enty required Doin Frank Doin Frank Doin Frank Doin Frank Doin Frank Doin 1000 Need Approval(s) enty required Doin Frank Doin		FUND#	INDEX#	ACCOUNT					AMOUNT	
SOURCE OF FINANCING OCIA 727000 3021000 Centract Service Private SERVICES GO FINANCING USE OF FINANCING S. JUSTIFICATION (Attach Memo it Necessary) Transfer to the Department of Health and Human services - Medical First Treatment Account to fund increased costs associated with the Services of California, Davis, Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP). ACTION Oppl. Head Approval(s) only required Prove-Films vote Required Approval Desprivation Approval		∞/A	5980000			Contingency			3,129,585	
USE OF FINANCING USE OF FINANCING USE OF FINANCING S. JUSTIFICATION (Attach Nemo if Necessary) Transfer to the Department of Health and Human Services - Medical First Treatment Account to fund increased costs associated with the """ Treatment Account to fund increased costs associated with the """ University of California, Davis, Medical Systems Contract that provides services to the County's Medical Endigent Services Program (CMISP). Department Head (If applicable) Which Date Department Head (If applicable) Department Head (If applicable) Action Department Head (If applicable) Department Head (If applicable) Department Head (If applicable) Program (CMISP). Date Department Head (If applicable) Department Head (If applicable) Approve Department Head (If applicable) Date Department Head (If applicable) Date Department Head (If applicable) Application Regular Davis Date Da		A100	5705701	7100000	Rece	rved for Assist	ance Riyn	vents	a,27	i,375
USE OF FINANCING USE OF FINANCING S. JUSTIFICATION (Attach Memo it Necessary) Transfer to the Department of Health and Human Servius - Medical First Treatment Account to fund increased costs associated with the University of California, Davis, Medical Systems Contract that provides servius to the County's Medical Indigent Servius Program (CMISP). Department Head it applicable) MILL Date Board Action Required Brown-Fifths Voile Required Provincial Servius Program (CMISP) Approve By: County Department Head it applicable) Provincial Servius Program (CMISP) Addition-Controller By: County Department Department Place it applicable) Provincial Servius Program (CMISP) Approve By: County Department Departm		<u> </u>								
Department Head Department of Health and Human services - Medical First Vertices to the Department of Health and Human services - Medical First Vertices of California, Davis, Medical Systems contract that provides services to the County's Medical Systems contract that provides services to the County's Medical Systems Contract that provides services to the County's Medical England Services Program (CMISP). Department Head Department Head If applicable Department Head If applicable Department Head If applicable If appli	FINANCING	<u></u>					, 			
USE OF FINANCING 5. JUSTIFICATION (Attach Memo II Necessary) Transfer to the Department of Health and Human services— Medical FIFT Treatment Account to fund increased costs associated with the University of California, Davis, Medical Systems contract that provides Services to the County's Medical Endigent Services Program (CMISP). Department Head Services Program (CMISP). Department Head (MISP) ACTION Dept. Head Approvals) only required Department Head (I) Services Program (CMISP). ACTION Dept. Head Approvals) only required Department Head (I) Services Program (CMISP). ACTION Dept. Head Approvals) only required Department Head (I) Services Program (CMISP). ACTION Dept. Head Approvals) only required Department Head (I) Services Program (CMISP). ACTION Department Head (I) Services Program (CMISP). Date Department Head (I) Services Program (<u> </u>			<u>G</u> :
USE OF FINANCING S. JUSTIFICATION (Attach Memo if Necessary) Transfer to the Department of Health and Human services— Medical First Treatment Account to fund increased costs associated with the University of California, Davis, Medical Systems Contract that provides Services to the County's Medical Endigent Services Program (CMISP). Department Head Lynn Frank Department Head (I) applicable) Lynn Frank Michal Dation Department Head (I) applicable) Program (CMISP). ACTION Department Head (I) applicable) Department Head (I) applicable) Program (CMISP). Date Date Date Date Date Date Date Date Date County Executive Date Date County Executive Date Date County Executive Date Date County Executive County Executive Date County Executive County For Edan Of Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA These Executions County California These Executives County California These Executions County California The County California County California County California County California The County California County		DOIA	7270000	30310600	Centr	act Service	Private		5 2 100	£860
S. JUSTIFICATION (Attach Memo if Necessary) Transfer to the Department of Health and Human Services - Medical Fig. Treatment Account to fund increased costs associated with the University of California, Davis, Medical Systems Contract that provides services to the County's Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP). Department Head Department Head Frank Date Department Head Department Head Program Date									£C)	
S. JUSTIFICATION (Attach Memo if Necessary) Transfer to the Department of Health and Human services - Utilization of Transfer to the Department of Health and Human services - Utilization of California, Davis, Medical Systems Contract that provides services to the County's Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP). Department Head Department Head (If applicable)			 			·			<u> </u>	So
S. JUSTIFICATION (Attach Memo if Necessary) Transfer to the Department of Health and Human services - Medical Fifther Treatment Account to fund increased costs associated with the Department of California, Davis, Medical Systems Contract that provides services to the County's Medical Endigent Services Program (CMISP). **Pagment Head County's Medical Endigent Services Program (CMISP). **Pagment Head County's Medical Endigent Services Program (CMISP). **Pagment Head (If applicable) **Pagment Head (If a	FINANCING		1		·				-3	20 —
S. JUSTIFICATION (Attach Memo if Necessary) Transfer to the Department of Health and Human services - Medical Transfer to the Department of Health and Human services - Medical Transfer to the Department of Health and Human services - Medical Transfer to the Department to fund increased costs associated with the County of California, Davis, Medical Systems Contract that provides services to the County's Medical Endogent Services Program (CMISP). Department Head Lystems Program (CMISP). Department Head I Indigent Services Program (CMISP). Date I Indigent Services Program (CM	i		 	+					7	20
Transfer to the Department of Health and Human Services - Medical Treatment Account to fund increased costs associated with the """ Treatment Account to fund increased costs associated with the """ University of California, Davis, Medical Systems Contract that provides services to the County's Medical Endigent Services Program (CMISP). **Programment Head County's Medical Endigent Services Program (CMISP). Department Head (I applicable) Lymn Frank Department Head (I applicable) Lymn Frank Department Head (I applicable) Lymn Frank Department Head (I applicable) Department Head (I applicable) Department Head (I applicable) Lymn Frank Department Head (I applicable) Department Head (I applicable) Lymn Frank Department Head (I applicable) Depar	5 JUSTIFICATION	ON (Attach N	lemo if Necess	ary)	·		 		-	Z Z D
Treatment Account to fund increased costs associated with the "" University of California, Davis, Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP). **Beginnent Head County's Medical Indigent Services Program (CMISP). Department Head Department Head (II applicable)										
University of California, Davis, Medical Systems Contract that provides services to the County's Medical Indigent Services Program (CMISP). Department Head Frank Lynn Frank Department Head (If applicable) Lynn Frank ACTION Dept. Head Approval(s) only required Depart Action Required Pour Fifths Vote Required Depart Action Required Department Head (If applicable) Action Action Required Department Head (If applicable) Action Required Department Head (If applicable) Action Required Department Head (If applicable) Department Head (If applicable) Action Required Department Head (If applicable) Action Required Department Head (If applicable) Department Head (If applicable) Department Head (If applicable) Department Head (If applicable) Action Required Department Head (If applicable) De	Transfer to The population of floring and fluther services - make the									
Servius to the County's Medi'(al Indigent Servius Program (CMISP). Separment Head Lynn Frank Deparment Head (If applicable) Lynn Frank Doale Do										
Servius to the County's Medi'(al Indigent Servius Program (CMISP). Separment Head Lynn Frank Deparment Head (If applicable) Lynn Frank Doale Do	University of California, Davis, Medical Systems contract that provides									
Department Head Lynn Frank Date Depl. Head Approval(s) only required Board Action Required Board Action Required Prour-Fifths Vote Required Date Disapprove RESOLUTION On a motion by Supervisor the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this day of py by the following vote, to wit: AYES: Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA STATEST: CLERK OF THE BOARD OF SUPERVISORS White: Austrand State Of Supervisor Supervisors Of Sacramento, State of Sacramento, State of Sacramento, State of California, this Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA White: Austrand State Department Approved Cappy Palme - Austrand State Of Control Cappy Palme - Austrand State Of Cappy										
Lynn Frank	Services	TU THE	county	7 MED	1 (4) -	Indigera .	5614143	1.5	(• .	-().
Lynn Frank								•		
Lynn Frank										
ACTION Dept. Head Approval(s) only required By: Date Disapprove By: APPROVAL Approve By: County Executive Date 1/29/68 County Executive Approve By: Date 1/29/68 County Executive Disapprove RESOLUTION On a motion by Supervisor seed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this day of 19 by the following vote, to wit: AYES: Supervisors, NOES: Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA CLERK OF THE BOARD OF SUPERVISORS White - Board of Supervisors White - Board of Supervisors Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Control Copy Pink - Auditor-Controller Controller Control Copy Pink - Auditor-Controller Controller Controll	Lynn Frank					Department Head (If applicable)				
ACTION Dept. Head Approval(s) only required By: Date Disapprove By: APPROVAL Approve By: County Executive Date 1/29/68 County Executive Approve By: Date 1/29/68 County Executive Disapprove RESOLUTION On a motion by Supervisor seed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this day of 19 by the following vote, to wit: AYES: Supervisors, NOES: Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA CLERK OF THE BOARD OF SUPERVISORS White - Board of Supervisors White - Board of Supervisors Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Control Copy Pink - Auditor-Controller Controller Control Copy Pink - Auditor-Controller Controller Controll	Michael Tateish 1/28/08									
APPROVAL Approve By: Date Disapprove By: Date	, ACTION	_		(s) only required		Auditor-Controller	-			
Approve By: Date Disapprove By:		□в	oard Action Require	ed		By:	• 1	<u> </u>		Date
APPROVAL Disapprove By:	•	∑ F	our-Fifths Vote Req	vired		Curch		Re-		1/29/08
RESOLUTION On a motion by Supervisor, seconded by Supervisor, seconded by Supervisor, seconded by Supervisor, the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of Catitornia, this						County Executive				777700
RESOLUTION On a motion by Supervisor	. APPROVAL	☐ AI	pprove			By:	A 1'.			Date
On a motion by Supervisor		Di	sapprove		•	1 1	XTW			. [
On a motion by Supervisor	RESOLUTION				***					
California, this	On a motion									
AYES: Supervisors, NOES: Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS White - Board of Supervisors Pink - Auditor-Controller Approved Copy Pink - Auditor-Controller Copy								acramento, Sta	te of	
NOES: Supervisors, ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS White - Board of Supervisors Pink - Auditor-Controller Approved Copy Pink - Auditor-Controller Copy					19_	by the following	vote, to wit:			
ABSENT: Supervisors, Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS (SUPERVISORS White - Board of Supervisors White - Board of Supervisors White - Board of Supervisors Figure Analysis - Auditor-Controller Approved Copy Pink - Auditor-Controller Copy	A		•							
Resolution Number CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS (SUPERVISORS White - Board of Supervisors White - Board of Supervisors White - Board of Supervisors Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Copy	N	DE S : Su	pervis ors ,							
CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS Ibution White - Board of Supervisors Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Control Copy	Al	BSENT: Su	perviso rs ,							
SACRAMENTO COUNTY CALIFORNIA (SEAL) ATTEST: CLERK OF THE BOARD OF SUPERVISORS Ibution White - Board of Supervisors White - Board of Supervisors Yellow - Auditor-Controller Approved Copy Pink - Auditor-Controller Control Copy	Resoluti	on Number				CHAIR OF THE POST	D OF CUREDING	DE OF		
ATTEST: CLERK OF THE BOARD OF SUPERVISORS Ibution								ma ur		j
CLERK OF THE BOARD OF SUPERVISORS button				•						- 1
neumon et al Supervier Anatomed Bisse - Department Approved Copy Pink - Auditor-Controller Control Copy	ATTEST:	CL	ERK OF THE BOAR	D OF SUPERVIS	ORS					
THE WEST COLUMN TO THE TAX AND ADDRESS OF THE PARTY OF TH	ribution re of Supervisor Approve	d) Blue - Dep	ariment Approved Cop	y	F	ink - Auditor-Controller C	ontrol Capy			