

COUNTY OF SACRAMENTO

1. REQUEST NUMBER

29-019

# APPROPRIATION ADJUSTMENT REQUEST

2. Department Name  
*Health and Human Services*

Department Name (if applicable)

3. Date  
*2/5/09*

## 4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5705701	98988000	Operating Transfer In	6,416,844
	001A	7200100	10199500	Trans Funds	1,558,523
	001A	7200100	10299500	Trans Funds	800,000
USE OF FINANCING	001A	7250100	30310800	Welfare Assistance Payments	6,416,844
	001A	7250100	30310800	" " " "	2358,523

## 5. JUSTIFICATION (Attach Memo if Necessary)

*See attached Board letter.*

Department Head  
*[Signature]*

Department Head (if applicable)

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: *[Signature]* Date: *2/5/09*

6. ACTION
- Dept. Head Approval(s) only required
  - Board Action Required
  - Four-Fifths Vote Required

Auditor-Controller  
By: *[Signature]* Date: *2/5/09*

7. APPROVAL
- Approve
  - Disapprove

County Executive  
By: *[Signature]* Date: \_\_\_\_\_

## 8. RESOLUTION

On a motion by Supervisor \_\_\_\_\_, seconded 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 \_\_\_\_\_ 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

(SEAL)  
ATTEST: \_\_\_\_\_  
CLERK OF THE BOARD OF SUPERVISORS