

**MODOC COUNTY BOARD OF SUPERVISORS
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: **February 25, 2020**

Name of Requesting Party or Entity: **Kim Wills, Probation**

Regular or Consent: **Regular**

Kind of Action Requested: **Consideration/Action**

Describe Specific Action Requested or Information to be Discussed:

Requesting approval of a budget modification for Fiscal Year 2019-2020 to Court Wards Trust Fund 4695 increasing expenditures in the amount of \$40,000.00.

Need to increase Interfund Xfr to Court Wards to cover the increased cost of housing juveniles in Juvenile Hall.

Budget Affected: Yes

Financial Impact:

There is no Financial Impact to the General Fund

Clerk's Instructions:

Certified Copies Needed: 1

Minutes Orders Needed: 1

Date Submitted: 2/19/2020

Phone Number: Email: kimwills@co.modoc.ca.us

Agenda Item Number:8.b