

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

Date of Meeting for Which Item is Requested: **June 23, 2020**  
Name of Requesting Party or Entity: **Stacy Sphar, Health Services**

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 Fund 4685, increasing revenue in the amount of \$307,900.00 and expenditures in the amount of \$150,000.00 and Public Health Fund 105, increasing revenue in the amount of \$150,000.00 and expenditures in the amount of \$81,500.00.**

This budget modification is to add Cooperative Agreement for Emergency Response, Public Health Crisis Response, COVID-19 revenue and increase expenditures. Expenses will not increase by the total amount of revenue as the funding covers through March 2021.

**Budget Affected: Yes**

**Financial Impact:**

**Increase revenue by \$307,900 and increase expenditures by \$81,500**

Clerk's Instructions:

Certified Copies Needed: 1

Minutes Orders Needed: 1

Date Submitted: 6/16/2020

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Agenda Item Number:5.b