



Dept Public Health

Request for Transfer of Budget Allotments or Funds

To the Honorable Board of Supervisors:

I hereby request your approval of the following transfer of Departmental Budget allotments or funds.

Fiscal Year ending 2019-20

I. Fund	II. Org	III. Account	IV. Expense Category	V. Approved Budget Amount	VI. Amount of Change + or -	VII. Total Budget Amount after Modification
4685		4790	Revenue - Public Health COVID19	-	307,900.00	307,900.00
4685	04685	7322	Intrafund transfer to Public Health		150,000.00	150,000.00
						-
105	0105	7141	Med/Lab supplies	19,200.00	20,000.00	39,200.00
105	0105	7160	Office Supplies	137,601.00	45,000.00	182,601.00
105	0105	7212	Rents and Leases	16,920.00	1,000.00	17,920.00
105	0105	7851	Land Improvements	-	15,000.00	15,000.00
105	0105	7050	Clothing/Personal Supply	-	500.00	500.00
						-
105	0105	5322	Intrafund Xfr in Public Health	2,016,856.00	150,000.00	2,166,856.00
						-
						-
			Overall change	2,190,577.00	689,400.00	2,879,977.00

Reason for Transfer

To add Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 revenue and increase expenses. Expenses will not increase by revenue as the funding covers through March 2021.

Approved as to Accounting Principles and availability of funds

Approved this \_\_\_\_ day of \_\_\_\_\_, 2020

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairman, Board of Supervisors  
(if needed per Budget Modification Procedure)

County Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, in and for the County of Modoc,

(Name) (Title)

State of California, do hereby certify that the above and foregoing is a full, true and correct budget modification as approved

by the Board of Supervisors on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and seal of the Board of Supervisors.

\_\_\_\_\_  
Clerk of the Board of Supervisors/Deputy