

# Public Health Department

## Request for Change to the Current Year Budget

**Index Name:** Children's Outreach, Enrollment, Retention, and Utilization Activities (OERU) **Index No.:** 405290

**Program Manager or Coordinator:** Kirsten Rogers

**Request Approved By:**  **Date:** 03/02/2007  
(Signature)

*Note: Approval must be obtained from the "Individual with Delegated Authority" designated (by index) on the Department's Delegated Purchasing Authority Matrix.*

### REQUESTED EXPENDITURE CHANGE:

Subsubject No.	Subsubject Name and Reason for Change *	Amount of Change
3000	Permanent Employees	\$73,102
3020	Retirement	\$14,620
3022	Medi Care	\$1,060
3040	Health Insurance	\$14,620
3041	Unemployment Insurance	\$830
3042	Long Term Disability	\$388
4260	Office Expense	\$2,400
4261	Postage	\$100
4300	Professional and Special Services	\$72,000
4440	Rent & lease: Buildings and Improvements	\$18,000
4461	Equipment: Minor	\$5,000
4462	Minor Computer Equipment	\$4,700
4500	Special Dept Expense	\$6,000
4503	Staff Development	\$2,500
4600	Transportation/Travel	\$1,500
4602	Mileage-Employee	\$500
4605	Rent & Lease- Vehicle	\$500
4606	Fuel Purchases	\$500
6402	Fixed Asset: Computer System Equipment	\$7,200
7254	Intrafund Transfers	\$39,795
<b>Subtotal Expenditure Adjustment:</b>		<b>\$265,315</b>

### REQUESTED REVENUE CHANGE:

Subsubject No.	Subsubject Name and Reason for Change *	Amount of Change
1107	Fed - Medi-Cal	\$132,658
680	St: Health	\$132,657
<b>Subtotal Revenue Adjustment:</b>		<b>\$265,315</b>

**INCREASE OR (DECREASE) TO NET COST:** \$0

\* You may attach supporting material (such as funding letter, expenditure/revenue projections, etc.) if necessary to explain and justify the requested change (particularly if Board approval is required).

\* Funding Letter and Approved Budget Proposal Attached

Forward approved forms to the Fiscal Administrative Manager with copies to the Assistant Director and the assigned Admin. Services Budget Analyst