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Public Health Department

Request for Change to the Current Year Budget

REVISED 10/10/2007

REQUESTED EXPENDITURE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	of Change	
3000	Salaries	\$31,446	
3020	Pers	\$6,100	
3022	Medi-Care portion	\$470	
3040	Health	\$7,495	
3041	Unemployment Ins	\$244	
3042	LTD	\$117	
3046	Retiree Health	\$688	
3060	Workman Comp	\$324	
4201	Medical: Field Supplies (Condoms, etc)	\$659	
4300	Professional services	\$51,000	
4462	Minor Comp Equip	\$950	
4500	Special Departmental Expense	(\$2,029)	
4502	Educational Materials	\$500	
4503	Staff Development	\$1,090	
4602	Mileage (Employee)	\$500	
5304	Interfund: Mail	\$30	
5305	Interfund: Stores	\$33	
5308	Interfund: Mainframe	\$213	
5320	Interfund: Network	\$507	
7235	Intrafund: Privacy Compliance	\$33	
7254	Intrafund: Health Indirect	\$7,780	

Subtotal Expenditure Adjustment: \$108,150

REQUESTED REVENUE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	Amount of Change
0680	St: Health - Aids Grant Allocation - Orinigal Increase	\$659
0680	St: Health - Aids Grant Allocation - Augmentation Award	\$107,491
	Subtotal Revenue Adjustment:	\$108,150
INCREASE O	\$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).

FORWARD APPROVED FORMS TO FINANCE, ATTENTION: G. BAILEY (cc: N. West)

Amount

EL DORADO COUNTY PUBLIC HEALTH ADPO AIDS AUGMENTATION

Sub - Object	Description of line	Famis Budget Submitted FTE @ .15	Adjust Famis for Additional \$\$ not previously budgeted	AIDS Augmentation Proposed FTE @ .50	Total for Index 402221
3000	PERMANENT EMPLOYEES	9,734.00		31,446.00	41,180.00
3001	TEMPORARY EMPLOYEES		-		•
3020	EMPLOYER SHARE RETIREMENT SYSTEM	1,885.00	-	6,100.00	7,985.00
3022	EMPLOYER SHARE-MEDICARE	141,00	-	470.00	611.00
3040	EMPLOYER SHARE-HEALTH INSURANCE	2,365.00	•	7,495.00	9,860.00
3041	EMPLOYER SHARE UNEMPLOYMENT INSURANCE	73.00	-	244.00	317.00
3042	LONG TERM DISABILITY INSURANCE	35.00	-	117.00	152.00
3043	EMPLOYER SHARE DEFERRED COMPENSATION	-	=		-
3046	RETIREE HEALTH DEFINED CONTRIBUTIONS	344.00	•	688.00	1,032.00
3060	WORKERS' COMPENSATION INSURANCE	162.00	-	324.00	486.00
3080	FLEXIBLE BENEFITS	•	-		-
	TOTAL SALARIES & BENEFITS (CHARACTER 30)	14,739.00		46,884.00	61,623.00
4060	FOOD		_		_
4080	HOUSEHOLD EXPENSE		_		
4100	INSURANCE - PREMIUM	139.00			139.00
4201	MEDICAL: FIELD SUPPLIES (CONDOMS, ETC)	139.00	659.00		659.00
4260	OFFICE EXPENSES	301.00	-		301.00
4261	POSTAGE	150.00	_		150.00
4262	SOFTWARE	100.00			100.00
4263	SUBSCRIPTIONS		_		-
4264	BOOKS/MANUALS		-		_
4266	PRINTING/DUPLICATING SRVCS (COMMERCIAL VENDOR)		_		
4300	PROFESSIONAL & SPECIALIZED SERVICES		-	51,000.00	51,000.00
4313	LEGAL SERVICES		-	01,000.00	- 1,000.00
4324	MEDICAL, DENTAL & LAB SERVICES		_		-
4400	PUBLICATION & LEGAL NOTICES	750.00	-		750.00
4462	MINOR COMPUTER EQUIPMENT	, 55.55	-	950.00	950.00
4500	SPECIAL DEPARTMENTAL EXPENSE	2,029.00	(2,029.00)		
4501	SPECIAL PROJECTS	-•	-		
4502	EDUCATION MATERIALS		-	500.00	500.00
4503	STAFF DEVELOPMENT	200.00	670.00	420.00	1,290.00
4506	FILM DEVELOPMENT AND PHOTOGRAPHY SUPPLIES		-		•
4529	SOFTWARE LICENSE	160,00	-		160.00
4600	TRANSPORTATION & TRAVEL	100.00	-		100.00
4602	PRIVATE AUTO MILEAGE	400.00	-	500.00	900.00
4605	VEHICLE - RENT OR LEASE	200.00	-		200.00
4606	FUEL PURCHASES	100.00	-		100.00
4620	UTILITIES		-		-
	TOTAL SERVICES AND SUPPLIES (CHARACTER 40)	4,529.00	(700.00)	53,370.00	57,199.00
5301	INTERFUND EXPENDITURE: TELE EQUIP & SUPPORT	-	-		_
5304	INTERFUND EXPENDITURE: MAIL SERVICES	10.00	_	30.00	40.00
5305	INTERFUND EXPENDITURE: STORES SUPPORT	11.00	•	33.00	44.00
5308	INTERFUND EXPENDITURE: MAINFRAME SUPPORT	71.00	-	213.00	284.00
5320	INTERFUND EXPENDITURE: NETWORK SUPPORT	169.00	-	507.00	676.00
	TOTAL OTHER CHARGES (CHARACTER 50)	261.00		783.00	1,044.00
7235	INTRAFUND TRANSFERS: PRIVACY/COMPL PROGRAM (FT 11)	11,00	-	33.00	44.00
7254	INTRAFUND TRANSFERS: PUBLIC HEALTH INDIRECT	1,460.00	1,359.00	6,421.00	9,240.00
1204	MINOS OND HOUSE ENGLY ODER HEALTH MUNICES	1,400.00	1,000.00	0,421.00	8,240.00
	TOTAL INTRAFUND TRANSFERS (CHARACTER 72)	1,471.00	1,359.00	6,454.00	9,284.00
	TOTAL EXPENSE	21,000.00	659.00	107,491.00	129,150.00
	Grant Allocation	21,659.00		107,491.00	129,150.00
	Difference	859.00		_	