

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

Resolution No. _____

On the motion of Supervisor _____

Duly seconded by Supervisor _____

The following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is the recipient of funds, in the amount of \$111,013 from Janus of Santa Cruz for the Medication Assisted Treatment Hub and Spoke Subcontract; and

WHEREAS, the above-referenced funds are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code section 29130(b), such funds may be made available for specific appropriation by four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller-Treasurer-Tax Collector accept the amount of \$111,013 for use by the Health Services Agency Clinic Services Division for costs associated with Medication Assisted Treatment services, under the Hub and Spoke Subcontract.

<u>GL Key</u>	<u>Revenue Object</u>	<u>IL Key</u>	<u>IL Object</u>	<u>Acct Name</u>	<u>Amount</u>
361210	42384			OTHER REVENUE	\$55,506.
361310	42384			OTHER REVENUE	\$55,507.

and that such funds be and are hereby appointed as follows:

<u>GL Key</u>	<u>Expenditure Object</u>	<u>IL Key</u>	<u>IL Object</u>	<u>Acct Name</u>	<u>Amount</u>
361241	51000			REGULAR PAY-PERMANENT	\$55,506
361341	51000			REGULAR PAY-PERMANENT	\$55,507

Resolution to Accept Unanticipated Revenue

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PASSED AND ADOPTED BY THE Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____, 20__ by the following vote (requires four-fifths vote for approval):

AYES: SUPERVISORS _____

NOES: SUPERVISORS _____


ABSENT: SUPERVISORS _____

Chair of the Board

ATTEST:

Clerk of the Board

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been)(will be) received within the current fiscal year.

By: 
Department Head

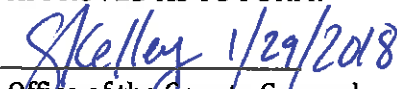
Date: 2-13-18

COUNTY ADMINISTRATIVE OFFICER

/ Recommended to Board

/ Not recommended to Board

APPROVED AS TO FORM:


Office of the County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller-Treasurer-Tax Collector

Distribution:

- Auditor-Controller-Treasurer-Tax Collector
- County Counsel
- County Administrative Officer
- Originating Department

HEALTH SERVICES AGENCY
 AUD-60 ATTACHMENT
 CLINIC SERVICES DIVISION

FISCAL YEAR 2017-18

REVENUES:

	GL Key	Revenue Object Code	Job Key	Account Name	Amount
	361210	42384		OTHER REVENUE	55,506
	361310	42384		OTHER REVENUE	55,506
Total					\$ <u>111,013</u>

APPROPRIATIONS:

	GL Key	Expenditure Object Code	Job Key	Account Name	Amount
	361241	51000		REGULAR PAY-PERMANENT	55,506
	361341	51000		REGULAR PAY-PERMANENT	55,506
Total					\$ <u>111,013</u>