

County Of Santa Clara
Request For Appropriation Modification
Fiscal Year = 2024

F - 85 # 145

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
1	0001	0501	4721	4510150	Federal - Medical Assistance Program			36,364.00	
2	0001	0501	4815	5101000	Permanent Employees	X71			70,347.00
3	0001	0501	4815	5110100	Retiree Medical Insurance	X71			4,974.00
4	0001	0501	4815	5110200	Health Insurance	X71			15,753.00
5	0001	0501	4815	5110300	Unemployment Insurance	X71			30.00
6	0001	0501	4815	5110400	FICA - Employer Share	X71			4,362.00
7	0001	0501	4815	5110500	Medicare Tax - Employer Share	X71			1,020.00
8	0001	0501	4815	5110602	PERS-Employer Paid Employer Contribution	X71			7,092.00
9	0001	0501	4815	5110603	PERS-Unfunded Accrued Liability-Misc	X71			8,646.00
10	0001	0501	4815	5110610	Pension Obligation Bond-PERS UAL-Misc	X71			654.00
11	0001	0501	4815	5110700	Workers' Compensation	X71			744.00
12	0001	0501	4815	5111200	Deferred Comp Expense -ER	X71			15.00
13	0001	0910	1010	5701000	Reserves				(77,273.00)
0001					Transfer (From) To Fund Balance:			0.00	
					Grand Total:			36,364.00	36,364.00

Form ID# Included:

38413, 38937,