

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

F - 85 # 206

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
1	0001	0210	3591	4920135	IC - Transfers In-AB109			380,000.00	
2	0001	0210	3592	5102000	Salaries Without Benefits				380,000.00
0001					Transfer (From) To Fund Balance:				0.00

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
3	0074	0145	2652	5101000	Permanent Employees	B3P			19,328.00
4	0074	0145	2652	5101000	Permanent Employees	F37			101,079.00
5	0074	0145	2652	5107100	Budget Salary Reduction				(211,396.00)
6	0074	0145	2652	5110100	Retiree Medical Insurance	B3P			1,105.00
7	0074	0145	2652	5110100	Retiree Medical Insurance	F37			9,945.00
8	0074	0145	2652	5110200	Health Insurance	B3P			3,656.00
9	0074	0145	2652	5110200	Health Insurance	F37			36,144.00
10	0074	0145	2652	5110300	Unemployment Insurance	B3P			10.00
11	0074	0145	2652	5110300	Unemployment Insurance	F37			45.00
12	0074	0145	2652	5110400	FICA - Employer Share	B3P			1,198.00
13	0074	0145	2652	5110400	FICA - Employer Share	F37			6,264.00
14	0074	0145	2652	5110500	Medicare Tax - Employer Share	B3P			280.00
15	0074	0145	2652	5110500	Medicare Tax - Employer Share	F37			1,467.00
16	0074	0145	2652	5110602	PERS-Employer Paid Employer Contribution	B3P			1,125.00
17	0074	0145	2652	5110602	PERS-Employer Paid Employer Contribution	F37			10,188.00
18	0074	0145	2652	5110603	PERS-Unfunded Accrued Liability-Misc	B3P			2,375.00

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19	0074	0145	2652	5110603	PERS-Unfunded Accrued Liability-Misc	F37			12,420.00
20	0074	0145	2652	5110610	Pension Obligation Bond-PERS UAL-Misc	B3P			180.00
21	0074	0145	2652	5110610	Pension Obligation Bond-PERS UAL-Misc	F37			936.00
22	0074	0145	2652	5110700	Workers' Compensation	B3P			327.00
23	0074	0145	2652	5110700	Workers' Compensation	F37			3,294.00
24	0074	0145	2652	5111200	Deferred Comp Expense -ER	B3P			3.00
25	0074	0145	2652	5111200	Deferred Comp Expense -ER	F37			27.00
0074					Transfer (From) To Fund Balance:				0.00

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
26	0433	0217	9868	5610135	IC-Transfer Out-AB109				380,000.00
0433					Transfer (From) To Fund Balance:				(380,000.00)
					Grand Total:			380,000.00	380,000.00

Form ID# Included:

40236, 40258, 40307, 40309,