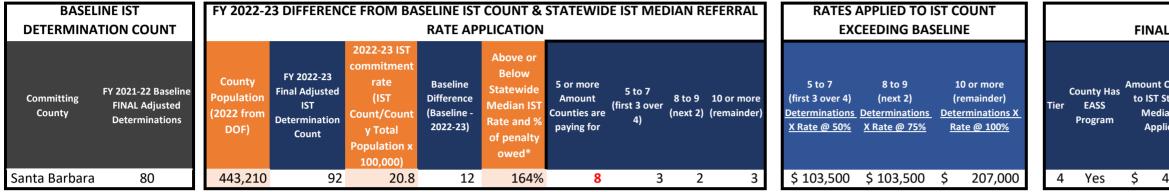
## STATE OF CALIFORNIA DEPARTMENT OF STATE HOSPITALS ACCOUNTING OFFICE (Room 378) 1215 O STREET SACRAMENTO, CA 95814

|  |                                 |  | INVOICE NO.          | S               | -INV23039  |
|--|---------------------------------|--|----------------------|-----------------|------------|
| SANTA BARBARA COUNTY   |                                 |  | DATE:                |                 | 6/21/2024  |
|  |                                 |  | DATE.                |                 | 0/21/2024  |
|  |                                 |  | DUE DATE:            | (               | 9/19/2024  |
| ATTN: Mona Miyasato  |                                 |  |                      |                 |            |
| Attn:Accountin 3 1215 O Street   |                                 | EPARTMENT OF STATE<br>tn:Accounting, MS-2<br>215 O Street<br>acramento, CA 95814 | E HOS                | SPITALS         |            |
| FOR: Fiscal Year 2022-23 IST Growith<br>Penalty Payments-Welfare & Institutions            |                                 | mpetent to Stand   | Trial Growth Cap and |                 |            |
| FY 2022-23 Commitments:<br>FY 2021-22 Baseline:<br>Excess Commitments:<br>Penalty Amount*: | 92<br>80<br>12<br>\$414,000     |  |                      |                 |            |
| PERIOD:  | July 1, 2022 - June 30, 2023    |  |                      |                 |            |
|  | *'see attached detail for penal | ty calculation   |                      |                 |            |
| APPROVED BY: _   | C.Edus                          |  | SUBTOTAL             | <mark>\$</mark> | 414,000.00 |
|  |                                 |  | AMOUNT DUE           | \$              | 414,000.00 |
| FOR ACCOUNTING USE ONLY<br>APPROPRIATION:  | Customer ID                     | Account  | DR                   |                 |            |
|  | Entry Type                      | Account  | CR                   |                 |            |
| [ ] EXPENDITURE/ABATEMENT  | Entry Reason                    | Reporting Str  | ructure              |                 |            |
| [ ] REVENUE  | AR Dist Program                 |  |                      |                 |            |
|  | ENY<br>Fund                     |  |                      |                 |            |
|  | Approp Ref                      |  |                      |                 |            |
|  | Agency Use                      |  |                      |                 |            |
|  |                                 |  |                      |                 |            |
|  |                                 |  |                      |                 |            |

GROWTH CAP PROGRAM - DEPARTMENT LETTER 23-002 Department of State Hospitals IST Determinations Penalty Fee Detail for FY 2022-23





<sup>1</sup>https://dof.ca.gov/wp-content/uploads/sites/352/2023/07/P2A\_County\_Total.xlsx



| L AMOUNT OWED                                   |                              |            |  |  |  |
|---|------------------------------|------------|--|--|--|
| Owed Prior<br>Statewide<br>ian Rate<br>lication | FINAL penalty<br>amount owed | Difference |  |  |  |
| 414,000   | \$ 414,000                   | \$ -       |  |  |  |
|   |                              |            |  |  |  |