

Budget Revision Request

Gov. Code Sec. 29125 & 29130

BJE 0001805
Budget Journal Entry #

JE 0052654
Related Journal Entry #

Subject / Title: Provide a *short description* for this budget revision request. For example: "Designate funds for zoning ordinance amendments" or "Distribute proceeds from sale of 2005 COPS".

Planning and Development: Fund 3100 - Release Designations Various in the amount of \$1,953,000 and increase transfers to General Fund. Fund 0001 - Increase to transfers in and increase to contribution to other governments.

Justification: For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For adjustments to General Fund Contingency: explain why no other alternative funding source is available.

In order to continue redevelopment activities under the Alternative Voluntary Redevelopment Program pursuant to ABX1 27, the County is required to make one-time payment of \$1.95 million to the State (the "Continuation Payments"). This budget adjustment provides for the one-time Continuation Payment made to the State by the County and transfers the necessary funds from the RDA to the County for this payments.

Financial Summary

Increase or (Decrease) in Appropriation for / Uses:	Department / Fund 053 / 0001	Department / Fund 993 / 3100	Department / Fund /	Department / Fund /
Salaries & Benefits	00	00	00	00
Services & Supplies	00	00	00	00
Other Charges	1,953,000 00	00	00	00
Fixed Assets	00	00	00	00
Other Financing Uses	00	1,953,000 00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	00	00	00
Sources:				
Revenue	00	00	00	00
Other Financing Sources	1,953,000 00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	1,953,000 00	00	00
Effect on Contingency / RE	00	00	00	00

Departmental Authorization	Auditor-Controller	CEO's Recommendation	Board of Supervisor's Action
Department Head _____ Date _____ Department Head _____ Date _____ Department Head _____ Date _____	Budget Journal Entry and Related Journal Entry if applicable Approved as to Accounting Form. _____ Auditor-Controller	<input type="checkbox"/> Approve _____ Date _____ <input type="checkbox"/> Disapprove _____ Date _____ Transfer/Revision in Accordance with Board Policy dated 8/3/93. _____ County Executive Officer	<input type="checkbox"/> Approved _____ Date _____ <input type="checkbox"/> Disapproved _____ Date _____ _____ Agenda Item _____ Clerk of the Board of Supervisors

Budget Journal Entry

Document Number: BJE - 0001805 Batch ID: 1374239
 Document Description: RDA AB27X1 Payment Processed On:
 Post On: Processed By:

References

Audit Trail:

Accounting

Fund	Dept	GL Acct	LJ Acct	Debit Amount	Credit Amount	Prog	OUnit	Proj	Budget Period	Description
3100	993	2530	7901		976,500.00	8000		RDAADM	201112	Reimburse COSB - AB27X1 Payment
3100	993	2530	7901		976,500.00	8000		RDAADM	201205	Reimburse COSB - AB27X1 Payment
3100	993	2420	9799	976,500.00		8000		RDAADM	201205	Reimburse COSB - AB27X1 Payment
3100	993	2420	9799	976,500.00		8000		RDAADM	201112	Reimburse COSB - AB27X1 Payment
0001	053	2530	7862		976,500.00	8000		RDAADM	201112	Reimburse COSB - AB27X1 Payment
0001	053	2530	7862		976,500.00	8000		RDAADM	201205	Reimburse COSB - AB27X1 Payment
0001	053	2420	5911	976,500.00		8000		RDAADM	201205	Reimburse COSB - AB27X1 Payment
0001	053	2420	5911	976,500.00		8000		RDAADM	201112	Reimburse COSB - AB27X1 Payment
			Total	3,906,000.00	3,906,000.00					

Signatures

Signed By: Signed On: Department/Agency
 Mark Paul 9/15/2011 8:00:38 AM 054 - Public Works



Journal Entry

Document Number: JE - 0052654 Batch ID: 1374253
 Document Description: Reimburse COSB - AB27X1 Payment Processed On:
 Post On: Reimbursed By:

References
 Audit Trail: Cash Type:

Accounting

Fund	Depl	GL Acct	Li Acct	Debit Amount	Credit Amount	Prog	OUnit	Proj	Act	Area	Equip	Depositor	Description
3100	993	2710	9799		1,953,000.00	8000		RDAADM					Reimburse COSB - AB27X1 Payment
3100	993	2120	9799	1,953,000.00		8000		RDAADM					Reimburse COSB - AB27X1 Payment
				Total	1,953,000.00								

Signatures

Signed By: Signed On: Department/Agency: