

**Before the Board of Supervisors in and for the
County of Monterey, State of California**

- a. Authorize the Auditor-Controller to establish Designated Account 3127, Mental Health Designation, effective FY 2010-11;
- b. Approve a transfer in the estimated amount of \$2,519,250 from Behavioral Health Revenue 001-4000-8081-HEA002-4960 to Account 3127, Mental Health Designation, for FY 2010-11;
- c. Approve a transfer in the estimated amount of \$890,440 from Non-Program Revenue 001-1050-8041-CAO019-4820 to Account 3127, Mental Health Designation, for FY 2010-11;
- d. Authorize the Director of Health to certify the final amounts to be transferred to the Designated Account, where those amounts do not have a variance greater than 10% of the total estimated amount of the transfers (\$340,969); and
- e. Authorize the Auditor-Controller to make changes, as detailed below. (4/5ths Vote Required)

Upon motion of Supervisor _____, seconded by Supervisor _____, and carried by those members present, the Board hereby:

- a. Authorized the Auditor-Controller to establish Designated Account 3127, Mental Health Designation, effective FY 2010-11;
- b. Approved a transfer in the estimated amount of \$2,519,250 from Behavioral Health Revenue 001-4000-8081-HEA002-4960 to Account 3127, Mental Health Designation, for FY 2010-11;
- c. Approved a transfer in the estimated amount of \$890,440 from Non-Program Revenue 001-1050-8041-CAO019-4820 to Account 3127, Mental Health Designation, for FY 2010-11;
- d. Authorized the Director of Health to certify the final amounts to be transferred to the Designated Account, where those amounts do not have a variance greater than 10% of the total estimated amount of the transfers (\$340,969); and
- e. Authorized the Auditor-Controller to make changes, as detailed below: (4/5ths Vote Required)

Accounting String	Action	Amount
001-4000-8081-HEA002-4960	Debit	2,519,250
001-1050-8041-CAO019-4820	Debit	890,440
001-3127	Credit	3,409,690

PASSED AND ADOPTED on this ____ day of _____, 2011, by the following vote, to-wit:

AYES:
NOES:
ABSENT:

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book___ for the meeting on _____.

Dated:

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By _____, Deputy