

# COUNTY OF HUMBOLDT

Jon C. B.
7/24/18



For the meeting of: August 21, 2018

Date:

July 24, 2018

To:

Board of Supervisors

From:

Connie Beck, Director

Department of Health and Human Services- Mental Health

Subject:

To establish fixed asset line item over \$10,000 and approve the appropriation transfer for

Department of Health and Human Services (DHHS) Healthy Moms Budget unit 1180-431.

#### RECOMMENDATION(S):

That the Board of Supervisors:

1) Approve the attached Request for Budget Transfer/Adjustment, Exhibit A.

#### SOURCE OF FUNDING:

Alcohol and Other Drug Fund

#### DISCUSSION:

Cabling project for 2910 H Street Eureka, Healthy Moms Program will replace all of the current cabling (Cal3/Cat5) with upgraded plenum rated Cat6 cabling so that DHHS can install a new VolP phone system and upgrade the network/closet to support this new cabling. This will be a Public Works project.

#### FINANCIAL IMPACT:

The estimated cost of the Public Works cabling project at Healthy Moms is estimated to be \$28,750 including project cost and 15% administrative cost. Funding for this project will be CalWORKs intrafund

0101 1 60 1010

Prepared by	Melissa Chilton, Budget Sp	ecialist	CAO Approval	80.6h	ra -	08	
REVIEW:				Co		8	
Auditor	County Counsel	Personnel	Risk M	lanager	Other		
TYPE OF ITEM:				F SUPERVISORS		HUMBOLDT	
X Consent	t		Upon motion	n of Supervisor	Seconde	ed by Supervisor (Wilson	
Departn	nental			. P	6.55	, , , , , , ,	
Public Hearing			Ayes Bass, Fernell, Sundberg, Bohn, Wilson				
Other							
pacture-y			Abstain				
PREVIOUS ACTION/REFERRAL:			Absent				
Board Order No.			and carried by those members present, the Board hereby approves the recommended action contained in this Board report.				
Meeting of:			recommende	action contained	I in this Board re	port.	
			Dated:	8/21/18			
			By:	1	1		
			Kathy Hayes, Clark of the Board				

transfer. The approved FY 2018-19 DHHS-Healthy Moms budget unit 1180-431 includes \$5,000 for this project. Approval of appropriation transfer in the amount of \$23,750 will increase fixed asset appropriation consistent with the total project expenditure estimate.

## **OTHER AGENCY INVOLVEMENT:**

**Public Works** 

## **ALTERNATIVES TO STAFF RECOMMENDATIONS:**

Board's discretion

## **ATTACHMENTS**:

Budget Transfer/Adjustment, Exhibit A Project Number Request form, Exhibit B

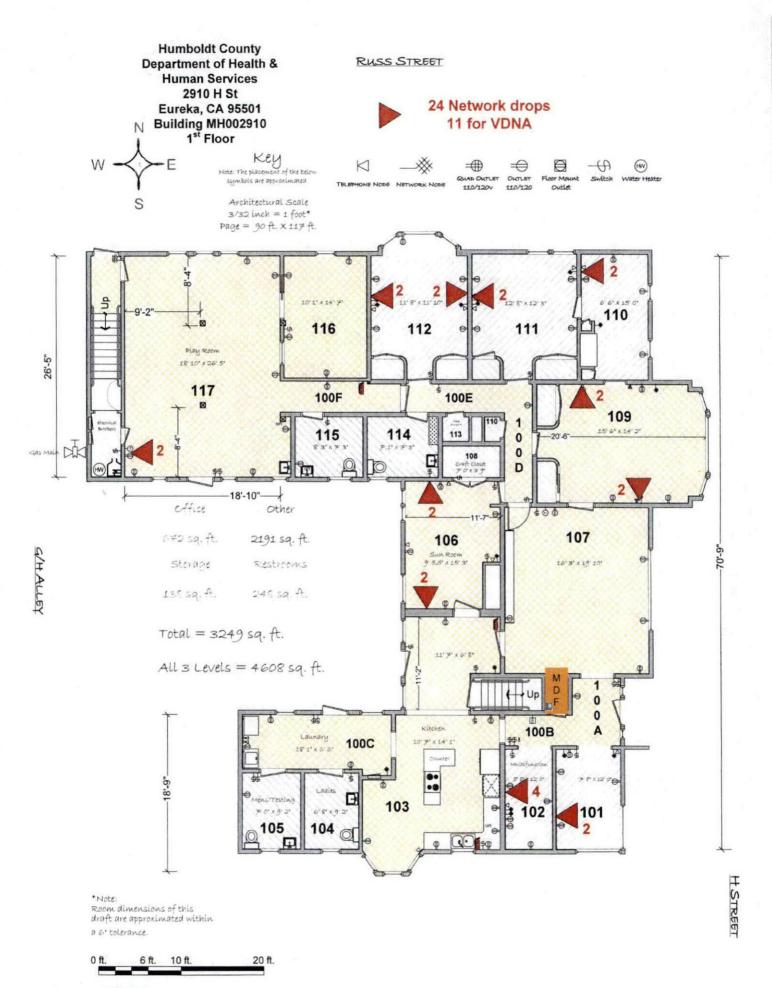
# COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

Exhibit # A

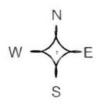
	DEPARTMENT:	Healthy Moms	_ DEP/	ARTMENT #:431	POSTING DATE:	8/1/2018
1.) Th	ne reason for this	Transfer between en Increase/decrease Increase/decrease Increase/decrease Increase/decrease Increase/I	est is: enditure/revenue cate xpenditure/revenue ca Intrafund Transfer acc Contingencies (with B budget unit appropriat ands in Fixed Assets < Inds in Fixed Assets >	ategory (with CAO & A count (with Board Appoord Approval)* ion (with Board appro \$10,000 (CAO & Auc	Auditor Approval) Coproval)* Coval)* C	riginal only Original +1 Original +1 Original +1 Original +1 Original +1
Transfer to Account: Transfe					sfer from Account:	
2.)	Amount:	Number:	Name:	Number:	Name:	
Z.)	\$ 23,750.00	1180431 8174	Telephone System	1180431 9311	CalWORKs	
			ransfer request, (b) re		ufficient balances in	
			alation of new phone s			
b.) Ir	nis request will pro	ovide additional intraf	und transfer appropria	tion.		
c.) Th	e Public Works c	abling project at Heal	thy Moms program ha	s been scheduled to	be completed in the FY	2018-19.
4.) De	partment Authoriz	zation:	Date	7/24/18 (signe	d) Alfhi	_
5.) Ac	count balances ve	erified by Auditor-Con	t Date	7/25/18 (signe	d) Chol Du	i~
6.)	/Approved County Administration	/Not approved	Date	12618 (signe	commended d)	68
INSTRUCTIONS						
SEND	ORIGINAL REQUE	ST FOR BUDGET TRA	NSFER DIRECTLY TO 1	THE AUDITOR-CONTR	OLLER.	
* Requi	res copy of Board Ord	fer to be attached	Revised 05/16	Posted	hy	

# HUMBOLDT COUNTY DEPARTMENT OF PUBLIC WORKS - FACILITIES MANAGEMENT DIVISION PROJECT NUMBER REQUEST FORM

v. 6/23/16							
Description:	New cabling project						
Location:	2910 H Street, Eureka						
Notes:							
Start Date:	At Signature Date		Estimated End Date:		12/31/18		
Requested By:			Vonnie Fierro				
Responsible Dept.:			DHHS				
Budget:	\$25,000 Est. Project Cost	+	\$3,750 15% Estimated Admin Cost	=	\$28,750 Total Project Budget		
Reimbursable:	Please complete the fo	llowing:					
	Account	County to Charge: escription	1180-431 New cabling project for 2910 H	Street, E	Eureka		
		e Public Wo	orks to process and charge invo ccount?	ices	XX Yes No		
	This authorizes Public Works to charge costs (such as labor for mechanics, architect's time, real property agent's time, mileage, etc) to the above account.						
	Authoriz	ed By:	Name 441 5407 Phone Number		-		
		_	Signature	$\supset$	7/3/18 Date 7/18		
	Billed Ag	tside Count gency:	ty		_		
Procedure Notes:							
Business Division to	Complete:						
Project No.	, сопристе.		-		ng Maintenance XX Capital Projects Real Property		



14 Network drops 6 for VDNA Humboldt County
Department of Health
& Human Services
Eureka, Ca 95501
Building MH002910
2<sup>nd</sup> Floor



Key Note. The placement of the below symbols are approximated.

Architectural Scale 3/32 inch = 1 foot\*

Page = 90 ft. x 117 ft.







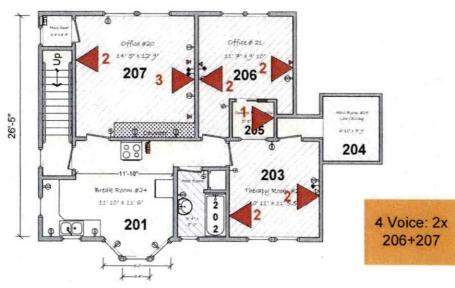
OUTLET 110/120

Floor Mount Outlet

- (f) Switch

(HW)

\*Note: Room dimensions of this draft are approximated within a & tolerance.



Office

Other

Storage

Restrooms

470 sq. ft. 285 sq. ft. 67 sq. ft.

41 sq. A.

Total = 836 sq. ft.

**Humboldt County** Department of Health & Human Services 2910 H St Eureka, Ca 95501 MH002910 Basement

RUSS STREET

$$W \xrightarrow{N} E$$

Key
Note. The placement of the below symbols are approximated.

Architectural Scale 3/32 inch = 1 foot\*

Page = 90 ft. x 117 ft.

K

QUAD OUTLET 110/120v

OUTLET 110/120

Floor Mount Outlet

> 9 Switch

(HW) Water Heater

\*Note: Room dimensions of this draft are approximated within a 6' tolerance.

Basement 523 sq. ft.

