

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Tuesday, January 3, 2023 11:00 a.m.

Members:

11:00 a.m. **Approve minutes from previous meeting**

11:00 a.m. **Nursing Home, Jeffrey Stalker**

Monthly Reports [NH1RPT2PersonnelDec.xls](#)

TRANSMITTAL:

- Authorization to Fund Employee Training and Education
[NH1RES1ATISchedule2023.doc](#)
- Authorization to enter into Lease Agreement with Ecolab, Inc.
[NH1RES02_DishMachineLease-Ecolab.doc](#)

11:10 a.m. **Mental Health, Jim Haitz**

Monthly Report [MH Dept Payments & AR 2022 YTD November.xls](#)

TRANSMITTALS:

- Authorization to Contract with Community Provider Organizations [MH1RES1 Community Provider Contracts.doc](#)
- Authorization to Contract with Patricia McKinny [MH1RES2 Contract Renewal 2023 Patricia McKinny, LMHC Utilization Review.doc](#)
- Authorization to Contract with the Children's Health Home of Upstate NY
[MH1RES4 Contract Renewal CHHUNY.doc](#)
- Authorization to Accept US Department of Health and Human Services Grant Funding
[MH1RES5 Authorization to the Mental Health Dept to Accept Federal Grant.doc](#)
- Authorization to Apply for NYS Office of Mental Health Community Mental Health Loan Repayment Program
[MH1RES6-REVISED Auth to the Mental Health Dept to Apply for OMH Medical Staff Loan Repayment Program.doc](#)
- Authorization to Make Year End Purchases Using State Aid Funding
[MH1RES7-REVISED Auth to the MH Dept to Make 2022 Year-End Contract Payment and Deviate from Purchasing Policy.doc](#)

11:30 a.m. **Public Health, Diane Devlin**

Monthly Activities Report

Community Health Assessment and Community Health Improvement Plan

TRANSMITTALS:

- Authorization to Approve Policies and Procedures on Behalf of Governing Body
[PH01RES01 PH Policy and Procedure Approvals 2023.doc](#)
- Authorization to Contract with Rochester Regional Health System
[PH01RES02 RRHS TB Medical Consultant Contract - 2023.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6
Robusto

Date: 1/3/23

Committee Chair: Frank

Department Head: Jeffrey

Stalker

Authorize expenditure and scheduling of employee training and education from the advanced training initiative funds that were received from the Department of Health for the Wayne County Nursing Home

WHEREAS, Wayne County Nursing Home was selected to receive \$155,136 for 2023 through the Advanced Training Initiative (ATI) application to the NYS Department of Health (NYSDOH) and the allocated funds are in the area of training and education for Nursing Home staff; and

WHEREAS, Wayne County Nursing Home already received these State and Federal funds from the NYSDOH and will coordinate training as stated in the training contract through LeadingAge NY ProCare; and

WHEREAS, LeadingAge NY ProCare provided approximate quotes for these training programs for an estimated total cost of \$5,920 plus any applicable travel expenses for trainer(s) for Trauma-informed Care and Recognizing Changes in Residents training program; and now therefore be it

RESOLVED the Chairman of the Board of Supervisors is authorized to sign an agreement with LeadingAge NY ProCare for training programs stated above for the Wayne County Nursing Home. Agreement is subject to the County Attorney's approval as to form and content.

Budgeted: yes no Proposed Cost: \$5,920 Reimbursed Amount \$5,920 County cost \$0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes no N/A Signature: _____

County Attorney Review: yes no N/A Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

2022	Payments	AR	TOTAL REV	Monthly Billed Rev
1/1-1/31	\$ 394,786.26	\$ 77,488.23	\$ 472,274.49	\$ 472,274.49
1/1-2/29	\$ 914,225.78	\$ 124,068.29	\$ 1,038,294.07	\$ 566,019.58
1/1-3/31	\$ 1,447,222.28	\$ 177,495.97	\$ 1,624,718.25	\$ 586,424.18
1/1-4/30	\$ 1,915,379.09	\$ 192,074.97	\$ 2,107,454.06	\$ 482,735.81
1/1-5/31	\$ 2,435,060.67	\$ 212,539.43	\$ 2,647,600.10	\$ 540,146.04
1/1-6/30	\$ 2,930,719.25	\$ 286,912.58	\$ 3,217,631.83	\$ 570,031.73
1/1-7/31	\$ 3,383,250.37	\$ 274,541.96	\$ 3,657,792.33	\$ 440,160.50
1/1-8/31	\$ 3,867,811.81	\$ 341,796.04	\$ 4,209,607.85	\$ 551,815.52
1/1-9/30	\$ 4,408,535.91	\$ 349,451.11	\$ 4,757,987.02	\$ 548,379.17
1/1-10/31	\$ 4,881,733.99	\$ 380,093.81	\$ 5,261,827.80	\$ 503,840.78
1/1-11/30	\$ 5,409,947.89	\$ 432,901.93	\$ 5,842,849.82	\$ 581,022.02
1/1-12/31			\$ -	
93.0%		7.0%	Total	\$ 5,842,849.82
				Billed Revenues

Financial Summary for Month 11				
	Budget Annual	Budgeted YTD	Actual YTD	Budget/Actual YTD
Billed Rev	\$ 6,510,613.00	\$ 5,968,061.92	\$ 5,842,849.82	\$ (125,212.10)
Other Rev	\$ 4,248,455.00	\$ 3,894,417.08	\$ 5,265,454.16	\$ 1,371,037.08
Total Rev	\$ 10,759,068.00	\$ 9,862,479.00	\$ 11,108,303.98	\$ 1,245,824.98
Expense	\$ 10,704,377.00	\$ 9,812,345.58	\$ 7,717,373.09	\$ 2,094,972.49
Annualization Adjustment for B&G Maint.			\$ (21,954)	
Annualization Adjustment for IT			\$ (18,626)	
Annualization Adjustment for Retirement			\$ 770,724	
Total Exp	\$ 10,704,377.00	\$ 9,812,345.58	\$ 8,447,518.17	\$ 1,364,827.41
TOTAL	\$ 54,691.00	\$ 50,133.42	\$ 2,660,785.81	\$ 2,610,652.39

B&G Maint & Utilities
\$263,442
PAID FULL
\$21,954/month

IT & Phones
\$223,507
PAID FULL
\$18,625/month

Retirement
\$840,790
\$70,066/month

AR 0-30 Days	AR 31-60	AR 61-90	AR 91-120	AR 121 +
\$ 98,953	\$ 41,043	\$ 40,990	\$ 30,093	\$ 221,822

Past 7 Years Revenue in Excess of Expense	
2015	\$ 129,504
2016	\$ 306,708
2017	\$ 622,134
2018	\$ 1,249,892
2019	\$ 857,462
2020	\$ 1,741,398
2021	\$ 1,387,707
TOTAL	\$ 6,294,805

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Mr. Frank Robusto

Date: January 3, 2023
Department Head: James Haitz

Authorization to the Mental Health Department to Renew Annual Contracts with Community Provider Organizations for the 2023 County Budget Year

WHEREAS, the Mental Health Department wishes to renew its annual contracts for the 2023 County Budget year with the following organizations for the purposes of the continued provision of mental hygiene related services in Wayne County, and for disbursement of New York State pass through funding and/or required Wayne County funding in the following amounts:

- Association for the Blind and Visually Impaired-Lifeline: \$26,191 (state funds)
- Council on Alcoholism and Addictions of the Finger Lakes: \$117,813 (state funds)
- DePaul: \$170,223 (state funds)
- Lakeview Health Services: \$318,852 (state funds)
- Wayne ARC: \$32,229 (state funds)
- Finger Lakes Area Counseling and Recovery Agency (FLACRA): \$1,329,170 (state funds), \$6,602 (county funds)
- Wayne County Aging & Youth Dept.: \$44,348 (state funds)
- Wayne County Action Program: \$58,955 (state funds)
- Aspire Hope-FLPN: \$27,862 (state funds), \$4,000 (county funds)
- Unity House: \$133,531 (state funds)
- Delphi Rise: \$450,935 (state funds), \$7,750 (county funds)

NOW THEREFORE, BE IT

RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with the above noted community provider agencies for the provision of mental hygiene services in Wayne County for the period January 1, 2023 to December 31, 2023, not to exceed the listed funding amounts noted above, which are in accordance with the 2023 State funding award amounts, and the 2023 County Budget, including any county funding as noted, and also any plus/minus adjusted amounts based on any prior year state funding closeout reconciliations or adjustments made to the current year funding amount, and the contracts being subject to the review and approval of County Attorney as to form and content.

Budgeted: yes no Proposed Cost: \$2,728,461 Reimbursed Amount: \$2,710,109 County cost: \$18,352

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes no N/A Signature: _____

County Attorney Review: yes no N/A Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6 Health & Medical

Date: January 3, 2023

Committee Chair: Mr. Robusto
Department Head: James Haitz

Authorization to Wayne Behavioral Health Network to Renew its Contract with Patricia McKinny, LMHC for Clinical Record Auditing & Utilization Review Services

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew the contract with Patricia McKinny, Licensed Mental Health Counselor (LMHC), to provide clinical services for utilization review and for independent medical record auditing services for the 2023 calendar year contract period; and

WHEREAS, WBHN remains in need of these services in order to comply with state regulatory requirements, and as such these services are essential to agency operations; now therefore be it

RESOLVED that the Chairman of the Board is authorized to renew the contract with Patricia McKinny, LMHC, for the period of January 1, 2023 to December 31, 2023, to provide Clinical Record Auditing and Utilization Review Services to WBHN for the rate of \$10.00 per medical record reviewed, not to exceed \$15,000 in total for the 2023 county budget year, and said contract will be subject to the County Attorney's review and approval as to form and content.

Budgeted: yes no Proposed Cost: \$15,000. Reimbursed Amount: \$15,000. County cost 0

Departmental transfer \$ _____ from Account No. A43004.54563.M2120 to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes no N/A Signature: _____

County Attorney Review: yes no N/A Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6 Health & Medical

Date: January 3, 2023

Committee Chair: Mr. Robusto
Department Head: James Haitz

Authorization to Renew Contract Agreement between the Wayne County Department of Mental Health-Wayne Behavioral Health Network (WBHN) and the Children’s Health Home of Upstate New York, LLC (CHHUNY)

WHEREAS, the Children’s Health Home of Upstate New York, LLC (CHHUNY) has been designated by the State of New York to operate and serve as a regional Health Home for children and as such, CHHUNY will contract with certain provider organizations to provide care management services to support the operation of the Health Home; and

WHEREAS, CHHUNY is a health home serving Wayne County that provides non-clinical consulting, management, and data analysis and care coordination services to support the efforts of behavioral health providers, consumers, and local governments to improve systems of care and service outcomes for children diagnosed with serious mental illness, addictions, and co-occurring medical disorders; and

WHEREAS, CHHUNY & WBHN wish to renew the existing formal relationship and contractual agreement in order for WBHN to provide reimbursable health, behavioral health and care management support services to persons covered by such plans and/or referred by the Health Home to WBHN; and

WHEREAS, the Health Home is required to have a contract with any provider who will bill and receive payments from Medicaid and Medicaid Managed Care insurances for Health Home services provided as a contractor for CHHUNY; NOW THEREFORE BE IT

RESOLVED that the Chairman of the Board of Supervisors, subject to the review and approval of the County Attorney as to form and content, is authorized to sign a renewal contractual agreement between CHHUNY & WBHN effective from September 1, 2022 through August 31, 2025.

Budgeted: yes ___ no ___ Proposed Cost: ___ 0 ___ Reimbursed Amount _____ County cost ___ 0 ___

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator’s Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec’d: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Mr. Frank Robusto

Date: January 3, 2023
Department Head: James Haitz

Authorization to the Mental Health Department to Accept Grant Funds from the U.S Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)

WHEREAS, SAMHSA has awarded the Mental Health Department \$250,000 over a two year period (\$125,000 annually) for the purposes of the provision of mental health first aid training and related mental hygiene services in Wayne County and the surrounding Finger Lakes area; and

WHEREAS, the Mental Health Department has a long standing history of coordinating and providing mental health first aid training to the public, schools, students, law enforcement personnel, and many others, and this grant will allow the department to continue and expand its training opportunities to citizens of Wayne County and our neighboring counties; NOW THEREFORE BE IT

RESOLVED, that the Board of Supervisors authorizes the Mental Health Director to accept this SAMHSA grant award for ongoing and expanded mental health first aid training and related activities.

Budgeted: yes ___no ___ Proposed Cost: Reimbursed Amount: County cost:

Departmental transfer \$_____ from Account No. A4322 to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Mr. Frank Robusto

Date: January 3, 2023
Department Head: James Haitz

Authorization for the Mental Health Department to Apply to the NYS Office of Mental Health Community Mental Health Loan Repayment Program (CMHLRP)

WHEREAS, the growth in the demand for physicians in New York is outpacing growth in the supply of physicians. One of the greatest gaps statewide is projected in specialties that include psychiatry. The supply of psychiatrists is forecasted to result in a potential shortage of between 1,182 and 2,653 psychiatrists by 2030; and

WHEREAS, In addition to psychiatrists, Psychiatric Nurse Practitioners (NP's) represent critical capacity to assist in the psychiatrist physician shortage; and

WHEREAS, The Office of Mental Health (OMH) has established the OMH Community Mental Health Loan Repayment Program to support community programs in the effort to help recruit and retain psychiatric medical staff. For eligible programs, the CMHLRP is awarding State Aid grants for loan repayment for both existing or newly hired psychiatrists and psychiatric NPs in designated community mental health settings throughout New York State as follows: • For psychiatrists, up to \$120,000 in loan repayment over a three-year period. • For psychiatric NPs, up to \$30,000 in loan repayment over a three-year period; and

WHEREAS, the Mental Health Department's mental health clinic is an eligible licensed community mental health program which is able to apply on behalf of psychiatrists and psychiatric nurse practitioners working in the clinic, and the department can benefit from participating in this program and utilize this funding as a workforce retention strategy given the program and funding is for a 3-year period; NOW THEREFORE, BE IT

RESOLVED, that the Board of Supervisors authorizes the Mental Health Director to apply to the OMH Community Mental Health Loan Repayment Program Grant on behalf of the County and any eligible confidential-management staff psychiatrists and/or psychiatric nurse practitioners, and if awarded funding, the county attorney is authorized to establish loan awardee payment agreements with any employees approved for this award.

Budgeted: yes ___no ___ Proposed Cost: Reimbursed Amount: County cost:

Departmental transfer \$_____ from Account No. _____ to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes___ no___ N/A___ Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Mr. Frank Robusto

Date: January 3, 2023
Department Head: James Haitz

Authorization for the Mental Health Department to Deviate from the County Purchasing Policy and to Make 2022 Year-end Payment Utilizing State Aid Funding

WHEREAS, the Mental Health Department (MHD) has received over \$1.5 million dollars in state aid from the Office Mental Health for the 2022 County budget year; and

WHEREAS, due to a significant number of staff vacancies throughout the year, this has led to a situation where the state aid funding in excess of expenses that can be claimed against the funding award; and

WHEREAS, the MHD would like to fully utilize the unclaimed portion of this funding during the 2022 budget year (which has already been received) for additional allowable expenses for items that are needed, and would be purchased regardless in the upcoming budget year, rather than refund the funding back to the state; and

WHEREAS, the Mental Health Director has consulted with the County Administrator, County Treasurer, County Attorney, County Auditor, and the County Fiscal Assistant, on this strategy, and all parties have agreed to this plan; and

WHEREAS, the Mental Health Director recommends that the County make payment for the remaining contract balance due for the departments electronic medical record (Ten-Eleven); and

WHEREAS, this process would require the Board to provide authorization to deviate from the County Purchasing Policy given we would be "pre-paying" the balance due for the last remaining year of the Ten-Eleven contract; NOW THEREFORE BE IT;

RESOLVED, the Board of Supervisors authorizes the deviation from the County Purchasing Policy in order to fully utilize the received state aid award funding to the Mental Health Department for the purposes of pre-payment of the remaining balance due on the current contract with Ten-Eleven, and this expense will be charged to the 2022 budget.

Budgeted: yes ___ no ___ Proposed Cost: Reimbursed Amount: County cost:

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 1/3/2023

Committee Chair: Frank Robusto
Department Head: Diane M. Devlin

AUTHORIZATION FOR THE WAYNE COUNTY PUBLIC HEALTH PROFESSIONAL ADVISORY COMMITTEE TO ANNUALLY APPROVE REQUIRED POLICIES AND PROCEDURES ON BEHALF OF THE GOVERNING ENTITY

WHEREAS, Wayne County Public Health (WCPH) is required to maintain specific policy and procedure manuals for PH Law Article 6, Article 28, Article 36, and Article 31 required programs; and

WHEREAS, the local health department is required by each above named article to seek annual approval for any reviewed, revised and new policies and procedures by their internal quality improvement committee and to seek further approval from the governing entity; and

WHEREAS, WCPH holds quarterly quality improvement committee, otherwise known as the Professional Advisory Committee (PAC), meetings that include the process of annually reviewing and approving any revisions made to all agency policies and procedures and for any newly developed single policy; and

WHEREAS, the governing entity had given the PAC the authority to approve of all new and revised policies and procedures and newly developed single policies on their behalf for 2022; and

WHEREAS, WCPH would like approval for the PAC to continue the annual review and approval of any revisions made to all agency policies and procedures on behalf of the governing entity for 2023; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to give the WCPH Professional Advisory Committee the authority to approve all reviewed and revised WCPH policies and procedures and all newly developed single policies on behalf of the governing entity, for the period of January 1, 2023 to December 31, 2023, with updates reviewed with the Health and Medical Committee by the Director of Public Health as needed.

Budgeted: yes ___ no ___ Proposed Cost: ___ 0 ___ Reimbursed Amount _____ County cost ___ 0 ___

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 1/3/2023

Committee Chair: Frank Robusto
Department Head: Diane M. Devlin

AUTHORIZATION TO CONTRACT WITH ROCHESTER REGIONAL HEALTH SYSTEM'S DEPARTMENT OF PULMONARY MEDICINE TO PROVIDE MEDICAL CONSULTATION FOR THE TUBERCULOSIS PROGRAM

WHEREAS, Wayne County Public Health (WCPH) is hereby mandated by the NYSDOH to ensure tuberculosis diagnostic and treatment services are available for Wayne County residents; and

WHEREAS, WCPH is the main provider of such tuberculosis services in Wayne County and provides this service through an Article 28 clinic; and

WHEREAS, WCPH currently contracts with Rochester Regional Health System's Department of Pulmonary Medicine to provide a NYS Board certified physician to provide medical consultation services; and

WHEREAS, WCPH wishes to renew its professional service contract with the Rochester Regional Health System's Department of Pulmonary Medicine to provide a NYS Board certified physician to provide medical consultant services for the Tuberculosis Program at a cost of \$988.33 per monthly clinic, with a total cost not to exceed \$11,860 for the period of January 1, 2023 to December 31, 2023; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to contract with the Rochester Regional Health System's Department of Pulmonary Medicine, 1425 Portland Avenue, Rochester, NY 14621, and sign any future amendments, as a professional service to provide a NYS Board Certified physician to provide medical consultant services for the WCPH Tuberculosis Program, for the period of January 1, 2023 to December 31, 2023, at a cost of \$988.33 per monthly clinic, with a total cost not to exceed \$11,860, subject to the approval of the County Attorney as to form and content and subject to being in compliance with the County's insurance requirements.

Budgeted: yes no Proposed Cost: Reimbursed Amount County cost

Departmental transfer \$ from Account No. to Account No.

County Administrator's Review: Date:

Human Resources Office Review: yes no N/A Signature:

County Attorney Review: yes no N/A Signature:

Standing Committee: Ayes Nays Date: Signature:

Signature/Date Rec'd: Clerk, Board of Supervisors

Referred to:

Committee: Ayes Nays Date: Signature:

Committee: Ayes Nays Date: Signature: