REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT: DPH	DIVISION: SFGH DATI	E: <u>11/12/15</u>
To the Mayor: Request is hereby ma amount(s) indicated:	de for supplemental appropriation from the following appr	opriation(s) or fund(s) in the
APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND	AMOUNT
FUND TYPE/FUND/SUB-FUND: 1GAGFAAA DEPT-DIV-SEC: DPHPH INDEX: HCHSFHPADMGF CHAR/SUB-OBJ: 021/02700	Savings for prior year health services claims and payn due lower than anticipated prior year pay outs from FY 15. With the close of FY14-15, DPH has determined it longer needs to make these payouts.	14- \$1,482,367
to the credit of the follo	owing appropriation(s) or fund(s) in the amount(s) indicate	ed:
APPROPRIATION NUMBER	DESCRIPTION OF APPROPRIATION OR FUND	AMOUNT
FUND TYPE/FUND/SUB- FUND:5HAAAACP DEPT-DIV-SEC: DPHGH INDEX: HGH1HUN70011 CHAR/SUB-OBJ: 06700 PROJECT: CHGW7A 02	To support capital construction costs to renovate Ward Building 5 at San Francisco General Hospital to move Mental Health Rehabilitation Center (MHRC) from the floor of the Behavioral Health Center to the existing ho	the \$1,482,367 third
 ☑ This request included improvement Advisory ☑ These funds have not ☐ These funds were pre 	been previously requested. viously requested by: al Appropriation or () Budget Estim	has been sent to the Chair, Capital
CERT	FIED AS TO FACTS AND AMOUNTS AS ABOVE	STATED, AND
RECOMMENDED:	7 W Fa	∠ (Department Head)
APPROVED:		(Board or Commission)
Recorded Controller's Budg	get Division	
Ву:	Date:	Request No.
To the Controller: The above request meets with appropriation ordinance.	FOR MAYOR'S USE n my approval; as indicated above. You are hereby reques	sted to prepare the necessary
APPROVED: Edwin Lee BY: _ FORM 0.10 (revised 7/30/96)	DATE:	