REQUEST FOR SUPPLEMENTAL APPROPRIATION

DEPARTMENT: DPH      DIVISION: SFGH      DATE: 11/12/15

To the Mayor:
Request is hereby made for supplemental appropriation from the following appropriation(s) or fund(s) in the amount(s) indicated:

<table>
<thead>
<tr>
<th>APPROPRIATION NUMBER</th>
<th>DESCRIPTION OF APPROPRIATION OR FUND</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUND TYPE/FUND/SUB-FUND: 1GAGFAAA DEPT-DIV-SEC: DPHPH INDEX: HCHSFHPADMOF CHAR/SUB-OBJ: 021/02700</td>
<td>Savings for prior year health services claims and payments due lower than anticipated prior year pay outs from FY 14-15. With the close of FY14-15, DPH has determined it no longer needs to make these payouts.</td>
<td>$1,482,367</td>
</tr>
</tbody>
</table>

To the credit of the following appropriation(s) or fund(s) in the amount(s) indicated:

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<tr>
<td>FUND TYPE/FUND/SUB-FUND: SHAACAP DEPT-DIV-SEC: DPHGH INDEX: HCH1HUN70011 CHAR/SUB-OBJ: 06700 PROJECT: CHGW7A02</td>
<td>To support capital construction costs to renovate Ward 7A in Building 5 at San Francisco General Hospital to move the Mental Health Rehabilitation Center (MHRC) from the third floor of the Behavioral Health Center to the existing hospital.</td>
<td>$1,482,367</td>
</tr>
</tbody>
</table>

There are no surpluses in any of this department’s appropriations available for transfer for the requested purpose(s). Complete detail as to the necessity for THIS appropriation is stated in attached letter.

APPLICABLE BOXES MUST BE CHECKED

☐ This request included capital projects (s.o. 06700 OR 06700); a separate copy has been sent to the Chair, Capital improvement Advisory Committee.

☐ These funds have not been previously requested.

☐ These funds were previously requested by:
  ( ) Supplemented Appropriation    or    ( ) Budget Estimate and were
  ( ) reduced  or    ( ) denied by The Mayor, or The Board of Supervisors.

CERTIFIED AS TO FACTS AND AMOUNTS AS ABOVE STATED, AND

RECOMMENDED: ____________________________ (Department Head)

APPROVED: ________________________________ (Board or Commission)

Recorded Controller's Budget Division

By: ____________________________ Date: ____________________________ Request No. ____________

FOR MAYOR'S USE

To the Controller:
The above request meets with my approval; as indicated above. You are hereby requested to prepare the necessary appropriation ordinance.

APPROVED:
Edwin Lee BY: ____________________________ DATE: ____________________________

FORM 6.10 (revised 7/30/96)