

BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME PROBATIONAuditor Number B-35Date: January 13, 2026

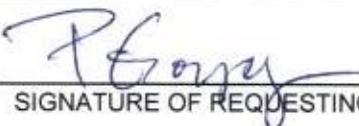
I am requesting an increase or decrease to my budget appropriations as listed below:

Check one "Previous Year Revenue" "New Revenue"Funding Source Fund 581- CalAIM PATH 3

***Note General Fund and Public Safety "MUST" use Contingency when increasing budget

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
2036	4505724	Fund 581-CalAIM PATH 3	\$ 18,058.75	2002	59000	Contingency	\$ 18,058.75
2002	59000	Contingency	\$ 18,058.75	2036	53230	Professional Services	\$ 18,058.75
Total Journal \$ 36,117.50				Total Journal \$ 36,117.50			

INCREASE / (DECREASE) APPROVED

Ana Zamacona 1/15/2026

1/13/26

SIGNATURE OF REQUESTING OFFICIAL

DATE

AUDITOR _____ DATE _____

BOARD OF SUPERVISORS DATE _____

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

Tehama County Probation Department
Att. Finance
yruiz@tcprobation.org
omorales@tcprobation.org; jwooll@tcprobation.org
Red Bluff, CA 96080

January 13, 2026
Invoice Number: 211996 - 0000023
Due Date: February 12, 2026

Current Invoice Total	\$18,058.75
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Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from December 01, 2025 to December 31, 2025

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees
[REDACTED]	1.50	330.00	495.00
[REDACTED]	1.25	380.00	475.00
[REDACTED]	3.50	380.00	1,330.00
[REDACTED]	5.25	250.00	1,312.50
[REDACTED]	7.50	420.00	3,150.00
[REDACTED]	2.25	420.00	945.00
[REDACTED]	14.75	420.00	6,195.00
[REDACTED]	23.75	175.00	4,156.25
Total Hours / Fees	59.75		18,058.75
Subtotal Fees			18,058.75
		Current Invoice Total	\$18,058.75

HMA's preferred method of payment is via ACH:

[REDACTED]