

**BUDGET APPROPRIATION INCREASE REQUEST**

Auditor Number B-64

DEPARTMENT NAME PROBATION

Date: April 21, 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- Cal-AIM 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	\$ 11,945.00	2002	59000	Contingency	\$ 11,945.00
2002	59000	Contingency	\$ 11,945.00	2036	53230	Professional Services	\$ 11,945.00
			Total Journal				Total Journal
			\$ 23,890.00				\$ 23,890.00

INCREASE / (DECREASE) APPROVED

Ana Zamacona 4/24/2026

AUDITOR \_\_\_\_\_ DATE

*[Signature]* 4/24/26  
SIGNATURE OF REQUESTING OFFICIAL 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

April 14, 2026  
Invoice Number: 211996 - 0000029  
Due Date: May 14, 2026

**Current Invoice Total \$11,945.00**

Project: 211996 Tehama County: Medi-Cal DHCS

**Professional Services from March 01, 2026 to March 31, 2026**

Task: Probation

**Professional and Consulting Services Rendered:**

	<b>Hours</b>	<b>Rate</b>	<b>Fees</b>	
██████████	.50	345.00	172.50	
██████████████████	2.50	400.00	1,000.00	
██████████████████	10.50	260.00	2,730.00	
██████████████████	.50	345.00	172.50	
██████████	12.00	440.00	5,280.00	
██████████████████	14.00	185.00	2,590.00	
Total Hours / Fees	40.00		11,945.00	
<b>Subtotal Fees</b>				<b>11,945.00</b>
		<b>Current Invoice Total</b>		<b>\$11,945.00</b>

HMA's preferred method of payment is via ACH:

██  
██  
██  
██