

BARNSTABLE COUNTY

In the Year Two Thousand and Five

Ordinance 05-17

To add to the County's operating budget for Fiscal Year 2006, as enacted in Ordinance No. 05-12, by making supplemental appropriations on an emergency basis for the Fiscal Year two-thousand and six.

BARNSTABLE COUNTY hereby ordains:

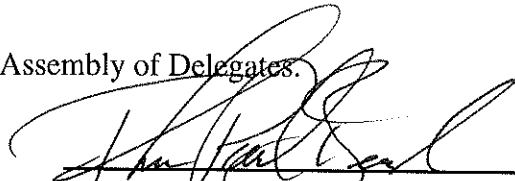
Section 1.

Based on a revised estimate of income of Barnstable County for the current fiscal year, made as of July 31, 2005, the sums set forth in section one, for the several purposes set forth therein and subject to the conditions set forth in sections four through twelve of Barnstable County Ordinance 05-12, are hereby appropriated from County General Fund as supplemental appropriations for Barnstable County for the fiscal year ending June thirtieth, two-thousand and six. Said funds shall be derived from fiscal year-end 2005 statutory reserve funds.

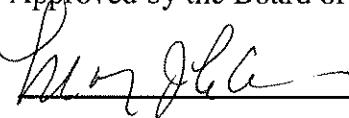
<u>Budget #</u>	<u>Sub-Program</u>	<u>Group</u>	<u>\$ Amount</u>	<u>Total</u>
GENERAL GOVERNMENT				
0030-006	County Commissioners Office In-State Travel	2	1,785	
0030-007	Resource Development Office In-State Travel	2	1,955	
0031	Cape Light Compact In-State Travel	2	1,105	
0270	Assembly of Delegates In-State Travel	2	2,202	
3000	Finance Department In-State Travel	2	566	
COUNTY SERVICES				
0006	Facilities Department In-State Travel	2	181	
0008	Cooperative Extension Service In-State Travel	2	3,035	
0034	Registry of Deeds In-State Travel	2	192	

<u>Budget #</u>	<u>Sub-Program</u>	<u>Group</u>	<u>\$ Amount</u>	<u>Total</u>
HEALTH AND HUMAN SERVICES				
1610	Health and Environment In-State Travel	2	6,743	
1611	Human Services In-State Travel	2	816	
1612	Children's Cove In-State Travel	2	630	
PLANNING AND DEVELOPMENT				
1990	Cape Cod Commission In-State Travel	2	7,607	
2000	Economic Development Council In-State Travel	2	85	\$26,902
NET SUPPLEMENTAL APPROPRIATION				\$26,902

Adopted on September 21, 2005 by the Assembly of Delegates.



 Thomas P. Bernardo Speaker

Approved by the Board of County Commissioners, _____ at, _____
 _____ Date _____ Time
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