


COUNTY OF SAN MATEO
Departmental Correspondence

27

DATE: **MAR 21 2001**
HEARING DATE **APR 03 2001**

TO Board of Supervisors
FROM  Barbara Pletz, EMS Administrator
SUBJECT Appropriation Transfer Request

RECOMMENDATION

Approve an Appropriation Transfer Request in the amount of \$22,919 within the EMS Fund's FY 2000-01 budget

Background

Last year Health Services completed Year 1 of a grant project in which EMS updated the Public Health Division's Disaster Plan to include a response for bioterrorism. The California Department of Health Services recently solicited a new proposal for a second year of funding.

Discussion

Accepting the grant funds will permit Health Services to conduct drills using the updated disaster plan for the Public Health Division. EMS will also develop plans for expanded training for key staff at all hospitals located in San Mateo County.

Fiscal Impact

This ATR will increase the EMS Program's budget by \$22,919 for FY 2000-01. Approving this ATR will not result in any net cost to the County.

RECOMMENDED


DEPT. OF HEALTH SERVICES

COUNTY OF SAN MATEO			REQUEST NO
APPROPRIATION TRANSFER REQUEST			
DEPARTMENT HEALTH SERVICES - EMS			DATE 2/5/2001
1 REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW			
	C O D E S		
	FUND OR ORG	ACCOUNT	DESCRIPTION
From	56110	1871	22,919 00 All Other State Aid
To	56110	5714	200 00 Employee Mileage Reimbursement
	56110	5196	200 00 Photocopy Lease and Useage
	56110	6722	800 00 Copy Center Charges
	56110	5856	21,719 00 Contract Special Program Services
Justification (Attach Memo if Necessary) (See attached memo)			
			DEPARTMENT HEAD <i>MA</i>
			BY <i>[Signature]</i> DATE <i>2/5/01</i>
2 <input type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required			
Remarks			
			COUNTY CONTROLLER
			BY _____ DATE _____
3 <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapprove			
Remarks			
			COUNTY MANAGER
			BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS COUNTY OF SAN MATEO STATE OF CALIFORNIA
RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO _____

RESOLVED by the Board of Supervisors of the County of San Mateo that

WHEREAS the Department hereinabove named in the Request for Appropriation Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request and

WHEREAS the County Controller has approved said Request as to accounting and available balances and the County Manager has recommended the transfer of funds as set forth hereinabove

NOW THEREFORE IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected

Regularly passed and adopted this _____ day of _____, 19____

Ayes and in favor of said resolution.	Noes and against said resolution:
Supervisors: _____	Supervisors: _____
_____	_____
_____	_____
_____	Absent
_____	Supervisors _____

ATTEST

Clerk of Said Board

CHAIRMAN BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

DISTRIBUTION	— BOARD OF SUPERVISORS
WHITE	— CONTROLLER
GREEN	— COUNTY MANAGER
CANARY	— DEPARTMENT
PINK	— TREASURER
GOLDENROD	