

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR2 074

DEPARTMENT: MENTAL HEALTH SERVICES, HEALTH SERVICES DATE: 2/8/02

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

C O D E S		AMOUNT	DESCRIPTION
FUND OR ORG.	ACCOUNT		
From	61301 1741	65,600.00	Mental Health Short Doyle
To	SEE ATR/AER FORM	65,600.00	SEE ATR/AER FORM FOR DETAILS.

Justification. (Attach Memo if Necessary)

To increase appropriations for the Transitional Youth and Canyon Oaks programs. Funding is to come from the System of Care (Children) augmentation allocation; therefore, no net county cost for the transfer.

ml. 2/8/02

DEPARTMENT HEAD *OK MA 2/11/02*
 BY: *Deborah A. Silva* DATE: *2/5/02*

Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks:

COUNTY CONTROLLER
 BY: *[Signature]* DATE: *3.11.02*

3. Approve as Requested Approve as Revised 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: _____