

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT

Health Services Agency

DATE March 28, 2002

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57041	2173	160,000 00	Public Guardian Estate Fees
	57043	2173	160,000 00	Public Guardian Estate Fees
To	57041	5856	160,000 00	Contract Special Program Services
	57043	5856	160,000 00	Contract Special Program Services

Justification. (Attach Memo if Necessary)

This ATR adds \$320,000 in appropriation to pay the cost of patches at Crestwood Behavioral Health, Inc. for Public Guardian clients who require a locked, long-term treatment setting. This cost will be paid with \$320,000 in Public Guardian fees. There is no impact on the county General Fund as a result of the approval of this ATR.

DEPARTMENT HEAD

MA

Margaret Taylor
4/15/02

DATE 4/19

2. Board Action Required

Four-Fifths Vote Required

Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY:

DATE

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 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: _____

County of San Mateo
 Health Services Agency

ATR/AER Form

Controller's ATR Number

Department: Health Services Agency
 Division: Aging & Adult Services

Type of Transaction: ATR AER
 Status of Transaction: One-Time On-Going

Title: Appropriation Transfer Request for clients of Public Guardian at Crestwood Behavioral Health, Inc.

Justification:
This ATR adds \$320,000 in appropriation to pay the cost of patches at Crestwood Behavioral Health, Inc.
for Public Guardian clients who require a locked, long-term treatment setting. This cost will be paid with
\$320,000 in Public Guardian fees. There is no impact on the county General Fund as a result of approval
of this ATR.

TO BP:	57000BP	Total:	320,000.00
FROM BP:	57000BP	Total:	320,000.00
		Net Change:	0.00

From/To	Subobject	Account Description	Transfer Amt.
57041	5856	Contract Special Program Services	160,000.00
57043	5856	Contract Special Program Services	160,000.00

Appropriation Total			320,000.00
57041	2173	Public Guradian Estate Fees	160,000.00
57043	2173	Public Guradian Estate Fees	160,000.00

Revenue Total	<u>320,000.00</u>
Net County Cost	<u>0.00</u>