

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR2 106

DEPARTMENT: HEALTH Services / Public Health / AIDS Program DATE: 5/15/02

I. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	64110	1989	81,860,00	HOPWA
To	64220	5827	21,860,00	Contract Health Services - others
	64220	6166	60,000,00	PSP - Housing + Community Services

Justification. (Attach Memo if Necessary)

Unanticipated Revenue for FY 2001-02 to provide housing and related services to persons with HIV/AIDS. See Board memo.

DEPARTMENT HEAD
 BY: *[Signature]* DATE: 5/31/02

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

Remarks:

COUNTY CONTROLLER
 BY: *[Signature]* DATE: 6.6.02

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: _____ Supervisors

Noes and against said resolution: _____ Supervisors