

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR2 978 **E**

DEPARTMENT: HEALTH SERVICES AGENCY DATE: _____

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57073	1767	18.00	State Aid-Aging
	57077	1767	8,365.00	State Aid-Aging
	57079	1767	17,818.00	State Aid-Aging
	57071	1952	14,610.00	Federal Aid-Aging
	57073	1952	71,813.00	Federal Aid-Aging
	57074	-1952 6169	366.00	Federal Aid-Aging
To	57077	1952	7,270.00	Federal Aid-Aging
	57079	1952	41,250.00	Federal Aid-Aging
	57071	6169	14,609.00	PSP-Aging & Adult
	57073	6169	71,832.00	PSP-Aging & Adult
	57074	-6169 1952	366.00	PSP-Aging & Adult
	57077	6169	15,635.00	PSP Aging & Adult

Justification. (Attach Memo if Necessary)
57079 6169 59,068.00 PSP Aging & Adult

To recognize additional funds from California Department of Aging for the Title III/VII programs per Amendment No. 2, Agreement No. FF-0102-08. There is no change in net county cost as a result of this ATR.

DEPARTMENT HEAD
Margaret Taylor DATE: 6/17/02

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

Remarks:

COUNTY CONTROLLER
BY: *[Signature]* DATE: 6/17/02

3. Approve as Requested Approve as Revised Disapprove

Remarks:

COUNTY MANAGER
BY: *David Scannell* DATE: 6/18/02

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:

CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Clerk of Said Board

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