

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT Health Services-San Mateo Community Health Clinic

DATE 10-04-02

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68110	2655	50,000 00	Other Foundation Grants
To	68110	4111	23,000 00	Regular Hour-Perm Position
	68110	4311	7,000 00	FICA
	68110	5856	20,000 00	Contract Special Program Services

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to pay for Salaries and Benefits a contract with the South County Community Health Center to continue to develop a plan for outpatient HIV early intervention services for low-income, medically underserved people in County's existing primary care system. Funding will come from the Ryan White CARE Title II Early Intervention Planning grant. There is no change in Net County Cost.

DEPARTMENT HEAD

BY: *[Signature]* DATE 10/10/02

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 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: _____

County of San Mateo
Health Services Agency

ATR/AER Form

Controller's ATR Number

Department: Health Services Agency

Division: San Mateo Community Health Clinic

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

Title: SMCHC-Ryan White CARE Act Title III Early Intervention Planning Grant

Justification: This ATR will appropriate funding to pay for Salaries and Benefits and a contract with the South County Community Health Center to continue to develop a plan for outpatient HIV early intervention services for low-income, medically underserved people in the County's existing primary care system. Funding will come from the Ryan White CARE Title III Early Intervention Planning grant. There is no change in Net County Cost.

TO BP: 68500BP Total: 50,000.00
 FROM BP: 68500BP Total: 50,000.00
 Net Change: 0.00

From/To	Sub Account	Account Description	Transfer Amt.
	68110 4111	Regular Hour - Perm Positions	23,000.00
	68110 4311	FICA	7,000.00
	68110 5856	Contract Special Program Services	20,000.00
Appropriation Total			50,000.00
68110	2655	Other Foundation Grants	50,000.00
Revenue Total			50,000.00
Net County Cost			0.00