

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT
HEALTH SERVICES AGENCY

DATE
October 30, 2002

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	58210	2521	594,000.00	IFR-General Fund
To	69110	6147	594,000.00	Outside Agency Charges
	58210	6142	594,000.00	Individual Provider Pay-IHSS

Justification. (Attach Memo if Necessary) In Resolution No. 065588, which was passed September 27, 2002, the Board of Supervisors approved a wage increase of \$1.00 per hour for the In-Home Supportive Services (IHSS) Independent Providers effective October 1, 2002. In that Resolution the Board also committed to paying the county share of these costs, which is \$594,000. This ATR adds \$594,000 to Interfund Revenue and to the Individual Provider Pay account in the IHSS Public Authority to pay the county share of the \$1.00/hour wage increase. It also adds \$594,000 in appropriation to 69110 in 6900B, which contains the General Fund contribution to IHSS. The Net County Cost of this ATR is \$594,000.

DEPARTMENT HEAD
[Signature] DATE 11/18/02

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

COUNTY CONTROLLER
BY: _____ DATE _____

3. Approve as Requested Approve as Revised Disapprove

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: _____