

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT

Health Services/Public Health AIDS Program

DATE

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

Page 1 of 2

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	64110	1950	337,718 00	Federal Aid - Other (unanticipated revenue)
To	64310	4161	73,783 00	Extra help
	64310	5193	1,811 00	General office supplies
	64310	5714	1,500 00	Employee mileage reimbursement
	64310	5721	3,840 00	Meetings and conferences exp.
	64310	5733	21,000 00	Training and educational materials
	64310	5876	20,000 00	Other professional services

Justification. (Attach Memo if Necessary)

The AIDS Program has been awarded \$337,718 in funds from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to provide outreach, case management, counseling and drug treatment referral and placement services to substance users at high risk for HIV and Hepatitis B/C.

DEPARTMENT HEAD

BY: 

DATE

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
APPROPRIATION TRANSFER REQUEST

REQUEST NO. _____

DEPARTMENT

Health Services/Public Health AIDS Program

DATE _____

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

Page 2 of 2

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From		See page 1		
To	64310	5924	5,000 00	Special vouchers
	64310	6165	203,659 00	PSP prevention/outreach services
	64310	6712	2,125 00	Telephone service charges
	64310	6717	5,000 00	Motor vehicle charges

Justification. (Attach Memo if Necessary)

See page 1 for justification

DEPARTMENT HEAD *MA*

DATE _____

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 _____

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BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

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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

Page 1 of 1

Controller's ATR Number

Department: Health Services Agency

Division: Public Health AIDS Program

Type of Transaction:

☒ ATR

☐ AER

Status of Transaction

☐ One-Time

☐ On-Going

Title:

Justification: The AIDS Program has been awarded \$337,718 in funds from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to provide outreach, case management, counseling, and drug treatment referral and placement to substance users at high risk for HIV and Hepatitis B/C.

TO BP:

Total:

FROM BP:

Total:

Net 0.00

From	Fund or Org	Acct.	Amount	Account Description	Transfer Amt.
	64110	1950	337,718.00	Federal AID Other (unanticipated revenue)	337,718.00
Revenue Total					337,718.00
To	64310	4161	73,783	Extra Help	73,783
	64310	5193	1,811	General office supplies	1,811
	64310	5714	1,500	Employee mileage reimb.	1,500
	64310	5721	3,840	Meetings and conferences exp.	3,840
	64310	5733	21,000	Training & educational materials	21,000
	64310	5876	20,000	Other professional services	20,000
	64310	5924	5,000	Special vouchers	5,000
	64310	6165	203,659	PSP Prevention/Outreach Serv.	203,659
	64310	6712	2,125	Telephone Service charges	2,125
	64310	6717	5,000	Motor vehicle charges	5,000
Appropriation Total					337,718.00
Net County Cost					0.00