

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Health Services Agency DATE 4/1/03

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57071	1767	12,033.00	State Aid-Aging
	57073	1767	5,451.00	State Aid-Aging
	57073	1952	107,972.00	Federal Aid-Aging
	57076	1952	68,773.00	Federal Aid-Aging
	Continued on page 2			
To	57079	6169	66,837.00	PSP-Aging & Adult
	57071	6169	12,033.00	PSP-Aging & Adult
	57073	6169	113,423.00	PSP-Aging & Adult
	57076	6169	68,773.00	PSP-Aging & Adult
	57077	6169	129,686.00	PSP-Aging & Adult
	57078	6169	22,180.00	PSP-Aging & Adult

Justification. (Attach Memo if Necessary)

To recognize additional funds from California Department of Aging for the Title III/VII Title V, CBSP, and Title III E programs per Amendments No. 1, Agreement No. FF-0203-08, Agreement No. TV-0203-08, Agreement No. CB-0203-08, and Agreement No. FC-0204-08. There is no change in net county cost as a result of this ATR.

DEPARTMENT HEAD MA

BY: Margaret Taylor DATE 4-21

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: _____

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DEPARTMENT Health Services Agency

DATE 4/1/03

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	FUND OR ORG.	ACCOUNT		
From	57077	1952	129,686.00	Federal Aid-Aging
	57078	1952	22,180.00	Federal Aid-Aging
	57079	1767	28,340.00	State Aid-Aging
	57079	1952	38,497.00	Federal Aid-Aging
To				

Justification. (Attach Memo if Necessary)

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 _____

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Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____