COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST

REQUEST NO

DATE 3/10/04

Health Services Agency

DEPARTMENT

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	CODES			· · · · · · · · · · · · · · · · · · ·
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From	57073	1767	58,564 00	State Aid-Aging
	57079 57073	1767 1952	44,268 00 113,988 00	State Aid-Aging Federal Aid-Aging
	57074 57079	1952 1952	325 00 170,546 00	Federal Aid-Aging Federal Aid-Aging
	57073	6169	172,552 00	PSP-Aging & Adult
То	57074	6169	325 00	PSP-Aging & Adult
	57079	6169	214,814 00	PSP-Aging & Adult

Justification. (Attach Memo if Necessary)

To recognize additional funds from California Department of Aging for the Title III/VII program per Amendment No. 1, Agreement No. FF-0304-08 and to bring the budgeted revenues and appropriations for Title III/VII in line with the final figure of Amendment 1. The total amount of revenues and appropriations added through this ATR is \$387,691. There is no impact on the County General Fund as a result of this amendment or the ATR.

	THE X	Margarer Taylo	DATE 3/11/04
2. Board Action Required	☐ Four-Fifths Vote Required	□ Board Action Not Required	
Remarks:			
		COUNTY CONTROLLER	
	r"	BY:	DATE
3. Approve as Requested	Approve as Revised	Disapprove	· · · · · · · · · · · · · · · · · · ·
Remarks:			
		COUNTY MANAGER	
		BY:	DATE
DO NOT WRITE BELO	OW THIS LINE - FOR BOARI	D OF SUPERVISORS' USE ONLY	
BOARD OF SUPERVI	SORS, COUNTY OF SAN MAT	EO, STATE OF CALIFORNIA	,
	RESOLUTION TRANSFERRING	FUNDS	
	RESOLUTION NO.		
RESOLVED, by the Board of Sup	ervisors of the County of San M	ateo, that	
WHEREAS, the Department herei	nabove named in the Request fo	r Appropriation, Allotment or Transf	er 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.

Supervisors:

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

Aves and in favor of said resolution:

Noes and against said resolution:

Supervisors: .