

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT
SAN MATEO MEDICAL CENTER

DATE
** 10/22/04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68120	1957	42,000 00	All Other Federal Grants
To	68120	5877	18,000 00	Professional Independent Contractor
	68120	6167	24,000 00	PSP - Public Health Services

Justification. (Attach Memo if Necessary) This ATR will appropriate funding for consultant fees (\$18,000) and subsidize pharmaceutical costs (\$24,000) for the Mobile Health Clinic of the Public Health Division. Funding will come from the Bureau of Health Care (BPHC) Health Care for the Homeless (HCH) Grant. There is no change in the Net County Cost.

DEPARTMENT HEAD

BY: *M. Dutton* DATE: 10/25/04

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

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Controller's ATR Number

Department: San Mateo Medical Center
Division: San Mateo Community Health Clinic-Healthcare for the Homeless (HCH)

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

Title: SMCHC-Accept and Implement Supplemental Federal Grant Funding.

Justification: This ATR will appropriate funding for consultant fees (\$18,000) and subsidize pharmaceutical costs (\$24,000) for the Mobile Health Clinic of the Public Health Division. Funding will come from the Bureau of Health Care (BPHC) Health Care for the Homeless (HCH) Grant. There is no change in the Net County Cost.

TO BP: 68500BP Total: 42,000.00
FROM BP:68500BP Total: 42,000.00
Net Change: 0.00

From/To	Sub Account	Account Description	Transfer Amt.
	68120 5877	Professional Independent Contractor	18,000.00
	68120 6167	PSP - Public Health Services	24,000.00
		Appropriation Total	42,000.00
	68120 1957	All Other Federal Grants	42,000.00
		Revenue Total	42,000.00
		Net County Cost	0.00