

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Health Services Business Admin. - CHI

DATE 2/2/04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	55137	2655	25,000 00	Other Foundation Grants
To	55137	4161	15,000 00	Extra Help Salaries
	55137	5874	10,000 00	Interagency Agreements

Justification. (Attach Memo if Necessary)

Grant from CA Healthcare Fdn. to support development of One-e-App and its effort to provide technical assistance. There is no net County cost.

DEPARTMENT HEAD
 BY: *Margaret Taylor* DATE 2/6/04
 Board Action Required Four-Fifths Vote Required Board Action Not Required

2. Board Action Required
Remarks:

COUNTY CONTROLLER
 BY: _____ DATE _____

3. Approve as Requested
Remarks:

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: _____