

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR4 035

DEPARTMENT
SAN MATEO MEDICAL CENTER - COMMUNITY HEALTH CLINICS. DATE 02-09-2004

I. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68120	1957	25,714 00	ALL OTHER FEDERAL GRANTS
To	68120	6167	25,714 00	PSP-PUBLIC HEALTH SERVICES

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to support the increasing salaries for the Public Health Mobile Clinic. This is the result of an increase in the base amount of the initial grant awarded by BPHC.

There is no change in the Net County Cost.

DEPARTMENT HEAD
BY: *[Signature]* DATE 1/10/04

2. Board Action Required Four-Fifths Vote Required Board Action Not Required
Remarks:

COUNTY CONTROLLER
BY: *[Signature]* DATE 2.17.04

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: _____ Supervisors: _____
Noes and against said resolution: _____ Supervisors: _____