

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.  
ATR4 048

DEPARTMENT  
Health Services Agency

DATE  
2/24/04

**1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:**

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57071	1767	42,229 00	State Aid-Aging
To	57071	6169	42,229 00	PSP-Aging & Adult

**Justification. (Attach Memo if Necessary)**

To recognize additional funds from CALifornia Department of Aging for the CBSP program per Amendment No. 1, Agreement No. CB-0304-08. There is no change in net county cost as a result of this ATR.

*[Signature]* MA  
DEPARTMENT HEAD  
BY: *[Signature]* for CASilva  
DATE: 1 APR 04

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

Remarks:

*[Signature]*  
COUNTY CONTROLLER  
BY: *[Signature]*  
DATE: 4-12-04

3.  Approve as Requested       Approve as Revised       Disapprove

Remarks:

COUNTY MANAGER  
BY: *[Signature]*  
DATE: 4-15-04

**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: \_\_\_\_\_