

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT SAN MATEO MEDICAL CENTER DATE 04-14-04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68146	2655	92,991 00	Foundation Other Federal Grants
To	68146	4111	57,534 00	Regular Hours-Perm.Position
	68146	4311	24,657 00	FICA
	68146	5171	10,800 00	Other Clinical Expense

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to pay for staffing to participate in clinical trials at four county clinics evaluating the Stanford Health Education and Risk Reduction Training (HEART) program in a high-risk population of low socioeconomic status (SES) served by the county health care system of San Mateo County.

There is no change in the Net County Cost.

DEPARTMENT HEAD
BY: *[Signature]* DATE: 4/14/04
 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: _____

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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: _____