

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT  
SAN MATEO MEDICAL CENTER

DATE  
09/20/04

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

|      | C O D E S    |         | AMOUNT      | DESCRIPTION                   |
|------|--------------|---------|-------------|-------------------------------|
|      | FUND OR ORG. | ACCOUNT |             |                               |
| From | 68110        | 2655    | 24,000   00 | Other Foundation Grants.      |
|      |              |         |             |                               |
| To   | 68110        | 5878    | 24,000   00 | Other Professional Contracts. |
|      |              |         |             |                               |

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to supplement participation cost in the "Redesign of the Patient Visit" program developed by the Primary Care Development Corporation (PCDC) to reduce the cycle time of patient visit to improve the efficiency and productivity of SMMC's operations, minimize frustration and overcrowding, and maintain the satisfaction of the patients and Staff.  
There is no change in Net County Cost.

DEPARTMENT HEAD  
BY: *[Signature]* DATE: 9/20/04

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-Administration

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

Title: SMMC-Accept and Implement the California HealthCare Foundation (CHCF) Grant.

Justification: This ATR will appropriate funding to supplement participation cost in the "Redesign of the Patient Visit" program developed by the Primary Care Development Corporation (PCDC) to reduce the cycle time of patient visit to improve the efficiency and productivity of SMMC's operations, minimize frustration and overcrowding, and maintain the satisfaction of our patients and Staff. There is no change in Net County Cost.

TO BP: 68500BP Total: 24,000.00  
FROM BP: 68500BP Total: 24,000.00  
Net Change: 0.00

| From/To             | Sub Account | Account Description          | Transfer Amt. |
|---------------------|-------------|------------------------------|---------------|
|                     | 68110 5878  | Other Professional Contracts | 24,000.00     |
| Appropriation Total |             |                              | 24,000.00     |
|                     | 68110 2655  | Other Foundation Grants      | 24,000.00     |
| Revenue Total       |             |                              | 24,000.00     |
| Net County Cost     |             |                              | 0.00          |