

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT **SAN MATEO MEDICAL CENTER**

DATE **10/22/2004**

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68147	2655	103,960 00	Other Foundation Grants
To	68147	4111	98,960 00	Regular Hours - Perm. Position
	68147	5877	5,000 00	Professional Independent Contractor

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to pay primarily for a study to implement and evaluate a pain management program for people living with HIV. The study will examine whether this pain management program is acceptable and effective for people living with HIV and AIDS with problems such as substance abuse, mental health disorders and homelessness. There is no change in Net County Cost.

DEPARTMENT HEAD
BY: H. D. O'Connell DATE: 11/29/04

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

Controller's ATR Number

Department: San Mateo Medical Center
Division: San Mateo Community Health Clinic-Trials and Research

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

Title: SMCHC-Accept and Implement the Universitywide AIDS Research Program

Justification: This ATR will appropriate funding to pay primarily for a study to implement and evaluate a pain management program for people living with HIV. The Study will examine whether this pain management program is acceptable and effective for people living with HIV and AIDS with problems such as substance abuse, mental health disorders and homelessness. There is no change in Net County Cost.

TO BP: 68500BP Total: 103,960.00
FROM BP: 68500BP Total: 103,960.00
Net Change: 0.00

From/To	Sub Account	Account Description	Transfer Amt.
	68147 4111	Regular Hours-Perm Position	98,960.00
	68147 5877	Professional Independent Contractor	5,000.00
		Appropriation Total	103,960.00
	68147 2655	Other Foundation Grants	103,960.00
		Revenue Total	103,960.00
		Net County Cost	0.00