

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT
San Mateo Medical Center

DATE
12/16/04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68110	2655	20,000 00	Other Foundation Grants
To	68110	4111	4,000 00	Regular Hours-Perm Positions
	68110	5824	10,500 00	Contract Special Medical Services
	68110	6713	1,000 00	Automation Services-ISD
	66613	4111	4,500 00	Regular Hours-Perm Positions

Justification. (Attach Memo if Necessary)

This ATR will appropriate funding to pay for Salaries and Benefits, transportation, x-rays and exams to provide comprehensive dental care services for 200 uninsured patients. Funding will come from the Peninsula Community Foundation grant.

There is no change in Net County Cost.

DEPARTMENT HEAD

BY: [Signature] DATE 12/16/04

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: Health Services Agency

Division: San Mateo Medical Center

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

Title: SMMC-Peninsula Community Foundation Grant

Justification: This ATR will appropriate funding to pay for Salaries and Benefits, transportation, x-rays and exams to provide comprehensive dental care services for 200 uninsured patients. Funding will come from the Peninsula Community Foundation grant.
There is no change in Net County Cost.

TO BP:	66000BP	Total:	20,000.00
FROM BP:	66000BP	Total:	20,000.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
68110	4111	Regular Hour - Perm Positions	4,000.00
68110	5824	Contract Special Medical Services	10,500.00
68110	6713	Automation Services-ISD	1,000.00
66613	4111	Regular Hour - Perm Positions	4,500.00
		Appropriation Total	20,000.00
68110	2655	Other Foundation Grants	20,000.00
		Revenue Total	20,000.00
		Net County Cost	0.00