

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT

HEALTH SERVICES AGENCY

DATE

12/17/04

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

		C O D E S		AMOUNT	DESCRIPTION
		FUND OR ORG.	ACCOUNT		
From		57021	1691	124,000.00	State Welfare Administration
		57021	1891	200,000.00	Federal Welfare Administration
To		57021	4111	87,000.00	Regular Hour-Perm Positions
		57021	4629	34,100.00	Benefit Adjustments
		57021	5212	57,000.00	Computer Equipment (<\$3,000)
		57021	5234	70,000.00	Office Furniture & Equipment
		57021	5858	25,000.00	Other Prof. Contract Service
		57021	5969	26,900.00	Other Special Departmental Expenses

Justification. (Attach Memo if Necessary) To recognize final augmentation funds from the State of California Department of Social Services per County Fiscal Letter No. 04/05-27 (CFL No. 04/05-27) dated October 7, 2004. This ATR recognizes \$324,000 in new state and federal welfare revenues. Of this amount \$121,100 will be an ongoing expense allocated to Salaries & Benefits and \$202,900 will be one-time-only expenses for 04/05 fiscal year. There is no additional net county cost as a result of this ATR..

DEPARTMENT HEAD
 BY: *Chubert A. Silva* 12/22/04

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: _____

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12/17/04

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	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From				
To	57021	6712	9,000.00	Telephone Service Charges
	57021	6717	15,000.00	Motor Vehicle Charges

Justification. (Attach Memo if Necessary)

DEPARTMENT HEAD

By: *Charlene A. Silva* 12/22/04 DATE

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

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BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____