

<b>COUNTY OF SAN MATEO</b>			REQUEST NO.
<b>APPROPRIATION TRANSFER REQUEST</b>			
DEPARTMENT Health Department		DATE 1/7/05	
1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:			
	C O D E S		
	FUND OR ORG.	ACCOUNT	DESCRIPTION
From	57077	1767	57,193 00
	57073	1952	274,402 00
	57076	1952	29,000 00
	57077	1952	68,587 00
	57079	1952	59,010 00
To	57073	5193	90,378 00
	57073	5215	60,800 00
	57073	6169	123,224 00
	57076	6169	29,000 00
	57077	6169	125,780 00
	57079	6169	59,010 00
Justification. (Attach Memo if Necessary)			
<p>To recognize additional funds from California Department of Aging for the Title III/VII program per Amendment No. 1, Agreement No. AP-0405-08. There is no additional net county cost as a result of this ATR.</p>			
			DEPARTMENT HEAD <i>[Signature]</i>
			DATE 1/8/05
2. <input type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:			
			COUNTY CONTROLLER BY: _____ DATE: _____
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> 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: _____
_____	_____
_____	_____
_____	_____
_____	_____

ATTEST: \_\_\_\_\_  
Clerk of Said Board

\_\_\_\_\_  
CHAIRMAN, BOARD OF SUPERVISORS  
COUNTY OF SAN MATEO

**DISTRIBUTION:**

WHITE	— BOARD OF SUPERVISORS
GREEN	— COUNTY CONTROLLER
CANARY	— COUNTY CLERK
PINK	— DEPARTMENT HEAD
GOLDENROD	— TREATY