

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR5 057

DEPARTMENT **SAN MATEO MEDICAL CENTER**

DATE **05/23/05**

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68110	2655	2,000 00	Other Foundation Grants.
To	68110	6713	2,000 00	Automation Services - ISD

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to create a database to increase the accessibility of patient information and to track the process of patients throughout their treatment. This is an additional funding for the Transportation Grant from Peninsula Community Foundation Grant#2005 - 00701. There is no change in Net County Cost.

DEPARTMENT HEAD
BY: *[Signature]* DATE: **5/23/05**

2. Board Action Required Four-Fifths Vote Required Board Action Not Required
Remarks:

COUNTY CONTROLLER
BY: *[Signature]* DATE: **6.3.05**

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
 San Mateo Medical Center

ATR/AER Form

Controller's ATR Number

Department: San Mateo Medical Center
 Division: San Mateo Community Health Clinic- Administration

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

Title: SMMC-Accept and Implement the Peninsula Community Foundation Grant

Justification: This ATR will appropriate funding to create a database to increase the accessibility of patient information and to track the process of patients throughout their treatment. This is an additional funding for the Transportation Grant from Peninsula Community Foundation Grant #2005 - 00701. There is no change in Net County Cost.

TO BP:	68500BP	Total:	2,000.00
FROM BP:	68500BP	Total:	2,000.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
68110	6713	Automation Services - ISD	2,000.00
Appropriation Total			2,000.00
68110	2655	Other Foundation Grants	2,000.00
Revenue Total			2,000.00
Net County Cost			0.00



peninsula
community foundation

May 6, 2005

Ann Marie Silvestri, DDS, MPA
Supervising Dentist
San Mateo Medical Center
222 West 39th Avenue
San Mateo, CA 94003

Dear Dr. Silvestri,

On behalf of Peninsula Community Foundation, I am pleased to advise you that an Automated Technical Assistance Management (ATAM) grant of \$2,000 has been awarded to San Mateo Medical Center. This grant provides support to create a database to increase the accessibility of patient information and track the progress of patients served by Pacific Dental School.

Please sign, date, and return the attached grant agreement to the Foundation as soon as possible. Once we receive the signed agreement, we will forward the payment to you.

The Foundation will require a brief report on the project's impact on the participants and the community. A final report form is enclosed.

Please be advised Peninsula Community Foundation requires mention of its name regarding this grant in support of your program. We request that you submit the text of any public announcement for approval by the Foundation prior to publication or release.

On behalf of the Foundation, we are pleased to be able to help support San Mateo Medical Center and we look forward to hearing about the impact our funds have on the community.

Sincerely,

Justine Choy
Program Officer

Grant #2005-00701