

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR6 012

DEPARTMENT
HEALTH DEPARTMENT

DATE
11/9/2005

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

C O D E S		AMOUNT	DESCRIPTION
FUND OR ORG.	ACCOUNT		
From	57065 1957	\$60,000	All Other Federal Grants
To	57065 5213	\$40,000	PC/LAN Software
	57065 5858	\$20,000	Other Professional Contract Services

Justification. (Attach Memo if Necessary)

To recognize the grant award to Aging and Adult Services by the U.S. Department of Health & Human Services (DHHS) Administration on Aging (AoA). The \$60,000 grant will fund the continued implementation of a uniform assessment tool and automated case management software system across Aging and Adult Services. AB 786, passed in September 2003, designated San Mateo County as the State's pilot for implementing a uniform assessment tool for in-home and community-based services, and this grant will assist in that effort. There is no additional net county cost as a result of this ATR.

DEPARTMENT HEAD
BY: *[Signature]* DATE: 12/14/05

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

REMARKS:
COUNTY CONTROLLER
BY: *[Signature]* DATE: 12-16-05

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: _____

Absent Supervisors: _____

ATTEST: _____
CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Clerk of Said Board

DISTRIBUTION:
WHITE — BOARD OF SUPERVISORS
GREEN — CONTROLLER
CANARY — COUNTY MANAGER
PINK — DEPARTMENT
GOLDENROD — TREASURER