

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT: **SAN MATEO MEDICAL CENTER**

DATE: **04/03/06**

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	5,000 00	Regular Hours - Perm. Positions
	66613	4111	15,000 00	Regular Hours - Perm. Positions.

Justification. (Attach Memo if Necessary) This ATR will appropriate funding for the continuance of a program making comprehensive dental care available to low-income residents of San Mateo County. This grant will pay for the personnel and other costs as specified by the program. There is no change in Net County Cost.

DEPARTMENT HEAD

BY: _____ 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: _____

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 fund a program making comprehensive dental care available to low-income residents of San Mateo County. 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:	20,000.00
FROM BP:	68500BP	Total:	20,000.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
68110	4111	Regular Hours-Perm Positions	5,000.00
66613	4111	Regular Hours-Perm Positions	15,000.00
Appropriation Total			20,000.00
68110	2655	Other Foundation Grants	20,000.00
Revenue Total			20,000.00
Net County Cost			0.00