

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR7 029

DEPARTMENT
SAN MATEO MEDICAL CENTER

DATE
01/23/07

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	66011	2655	25.750 00	Other Foundation Grants
To	66011	4111	12.000 00	Regular Hour-Perm Positions
	66011	5856	8 000 00	Contract Special Program Services
	66011	5858	4.500 00	Other Professional Contracts Svcs
	66011	5969	1 250 00	Other Special Dept Expense

Justification. (Attach Memo if Necessary) This ATR appropriates funding to support and expand dental services and oral health education for low-income pregnant women and their young children.

There is no change in Net County Cost.

DEPARTMENT HEAD

BY: *J.A. Spetto* DATE: 1/24/07

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

Remarks:

COUNTY CONTROLLER

BY: *[Signature]* DATE: 1/24/07

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____.

Approved in favor of said resolution:

Noes and against said resolution:

County of San Mateo
Health Services Agency

ATR/AER Form

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Controller's ATR Number

Department: San Mateo Medical Center
Division: San Mateo Medical Center - Administration

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

Title: SMMC-Accept and Implement the San Francisco Foundation Grant

Justification: This ATR appropriates funding to support and expand dental services and oral health education for low-income pregnant women and their young children.
There is no change in Net County Cost.

TO BP:	66000BP	Total:	25,750.00
FROM BP:	66000BP	Total:	25,750.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
	66011 4111	Regular Hour-Perm. Positions	12,000.00
	66011 5856	Contract Special Program Svcs	8,000.00
	66011 5858	Other Professional Contract Svcs	4,500.00
	66011 5969	Other Special Dept Expense	1,250.00
Appropriation Total			25,750.00
66011	2655	Other Foundation Grants	25,750.00
Revenue Total			25,750.00
Net County Cost			0.00