



THE GROVE FOUNDATION

April 18, 2006

Dr. Ann Marie Silvestri
Supervising Dentist
San Mateo Medical Center Foundation
222 West 39th Avenue
San Mateo, CA 94403

Dear Dr. Silvestri,

The Grove Foundation is pleased to award a grant in the amount of \$25,000 to the San Mateo Medical Center Foundation. The funds are to be used for the San Mateo County Adult Dental Program.

This grant is subject to the following terms:

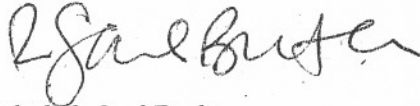
- a. Grantee (San Mateo Medical Center Foundation) is an organization that is both exempt from tax under section 501 (c)(3) of the Internal Revenue Code (IRC) and an organization described in IRC §509(a)(1), (2), or (3) which statuses have been duly confirmed by one or more operative IRS rulings or determination letters.
- b. Grantee will utilize the grant's proceeds only for charitable and educational activities consistent with its tax-exempt status described above. Without limiting the generality of the preceding sentence, Grantee will not intervene in any election or support or oppose any political party or candidate for public office, or engage in any lobbying not permitted by IRC §501 (c)(3) or, if applicable, IRC §§501(h) and 4911.
- c. Grantee will inform Foundation immediately of any change in, or IRS proposed or actual revocation (whether or not appealed) of, its tax status described above.
- d. This grant is earmarked for the project identified above, as described in Grantee's funding proposal and related correspondence. It is not earmarked for transmittal to any other entity or person. Rather, Grantee accepts and will discharge full control of the grant and its disposition and responsibility for complying with this agreement's terms and conditions.
- e. This grant is not in anyway earmarked to support or carry on any lobbying or voter-registration drive. If this grant is restricted to specific programs, Grantee hereby reaffirms its intentions to expend the amount of this grant on project non-lobbying and non-voter-registration activities in Grantee's current fiscal year.

Please submit a fiscal and narrative report on the San Mateo County Adult Dental Program by February 2007.

Endorsement and redemption of this check will be considered agreement with the terms of this grant as outlined in this letter.

We wish you the best of luck with your work in the upcoming year.

Sincerely,



Rebekah Saul Butler
Program Director

cc: Ms. Peggy Lucas

adult
Generic "Dental"

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR7 030

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	25.000 00	Other Foundation Grants
To	66011	4111	25 000 00	Regular Hours-Perm Positions

Justification. (Attach Memo if Necessary) This ATR appropriates funding to enhance the level of Adult Dental Program provided to indigent patients throughout the San Mateo County. The current program is two fold: (1) "the Denture Clinic" group that is treated at Willow Clinic and (2) the "Comprehensive Care" group that rides a van to the University of the Pacific Dental school for treatment. The funds will also be used to compensate a dental assistant and an office assistant. There is no change in Net County Cost.

DEPARTMENT HEAD

BY: *[Signature]*

DATE **1/31/07**

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____.

Ayes and in favor of said resolution:

Noes and against said resolution:

County of San Mateo
 Health Services Agency

ATR/AER Form

Controller's ATR Number

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

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

Title: SMMC-Accept and Implement the Grove Foundation Grant

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TO BP:	66000BP	Total:	25,000.00
FROM BP:	66000BP	Total:	25,000.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
66011	4111	Regular Hrs. - Perm. Positions	25,000.00
		Appropriation Total	25,000.00
66011	2655	Other Foundation Grants	25,000.00
		Revenue Total	25,000.00
		Net County Cost	0.00