

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.  
ATR7 033

DEPARTMENT Health Department Administration 5500B DATE 1/19/07

**1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:**

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	55210	2655	125,000 00	Other Foundation Grants
To	55210	5876	125,000 00	Other Professional Services

Justification. (Attach Memo if Necessary) Appropriation of grants from Blue Shield of California Foundation and California Healthcare Foundation to support the costs of the Adult Health Care Coverage Expansion (AHCCE) through June 30, 2007. There is no net county cost.

DEPARTMENT HEAD

BY: Charles A. Silva DATE: 1/31/07

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

Remarks:

COUNTY CONTROLLER

BY: [Signature] DATE: 2-6-07

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:

Supervisors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Noes and against said resolution:

Supervisors: \_\_\_\_\_  
\_\_\_\_\_  
Absent Supervisors: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of Said Board

\_\_\_\_\_  
CHAIRMAN, BOARD OF SUPERVISORS  
COUNTY OF SAN MATEO

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