

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

*MR 8-009*

DEPARTMENT

*Health Services Agency Department*

DATE

*10/26/07*

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

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	74192	1956	183,750.00	All Other Federal Aid
To	74192	6164	154,950.00	PSP-Alcohol/Drug Prevent Svcs
	74103	4111	20,377.00	Permanent Salaries
	74192	5714	1,200.00	Employee Mileage Reimbursement
	74192	5193	531.00	General Office Supplies
	74192	5926	4,124.00	Alcohol/Drug Testing & Treatment
	74192	5927	2,568.00	Program Activity Expense

**Justification. (Attach Memo if Necessary)**  
 To recognize from the State of California Department of Alcohol and Drug Programs (DADP) the acceptance of a "Safe and Drug Free Schools and Communities" grant. The term of the grant is October 1, 2007 through September 30, 2012. Total funding for the 60-month period is \$1,125,000. For FY 2007/08, appropriations in the amount of \$183,750.

DEPARTMENT HEAD

BY: *[Signature]* DATE *10/26/07*

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

COUNTY CONTROLLER

BY: *[Signature]* DATE *10.31.07*

3.  Approve as Requested  Approve as Revised  Disapprove

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

CHAIRMAN, BOARD OF SUPERVISORS  
 COUNTY OF SAN MATEO

**DISTRIBUTION:**

WHITE	— BOARD OF SUPERVISORS
GREEN	— CONTROLLER
CANARY	— COUNTY MANAGER
PINK	— DEPARTMENT
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