

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.  
*ATR 8-017*

DEPARTMENT San Mateo Medical Center

DATE 11-30-07

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

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68111	2655	25,000.00	Other Foundation Grants
To	68111	4111	25,000.00	Regular Hours - Permanent Positions

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to continue to provide dental care to the low-income non insured or insufficiently insured patients in the Southern part of the County. This is the third year that Grove Foundation has supported the program. There is no change in Net County Cost.

DEPARTMENT HEAD

BY: *[Signature]*

DATE 11/30/07

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

COUNTY CONTROLLER

BY: *[Signature]*

DATE 12-3-07

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: \_\_\_\_\_