COUNTY OF SAN MATEO

REQUES	ST NO.	
ATRS.	019	

APPROPRIATION TRANSFER REQUEST DATE 11-30-07 San Mateo Medical Center 1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW: CODES FUND OR ORG. ACCOUNT AMOUNT DESCRIPTION From 68111 2655 Other Foundation Grants 40,000 100 To 68111 4111 24,000 ₁00 Regular Hours - Permanent Positions 68111 5969 $16,000 \, | 00$ Other Special Dept Expense Justification. (Attach Memo if Necessary) This ATR will appropriate funding to continue to provide dental care to 700 low-income adults through the University of the Pacific (UOP) and Willow Clinic. The grant also includes twice weekly transportation between San Mateo Medical Center and the University of the Pacific. There is no change in Net County Cost. 1/56/07 ☐ Four-Fifths Vote Required ☐ Board Action Not Required 2. Board Action Required Remarks: COUNTY CONTROLLER DATE 2.2.07 3.

Approve as Requested ☐ Approve as Revised □ Disapprove Remarks: COUNTY MANAGER 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 nunty 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.

Noes and against said resolution:

Supervisors: ____

Regularly passed and adopted this _____ day of ___

Ayes and in favor of said resolution:

Supervisors: _