AREQUEST NO.	s
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COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST DEPARTMENT 5550B Health Policy and Planning 1/24/08 1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW: CODES **DESCRIPTION** FUND OR ORG. **ACCOUNT AMOUNT** From 8142 Other Intrafund Transfers 55532 587,644100 Non-Departmental Reserves 80110 8612 587,64400 55532 4111 Regular Hour - Perm Positions 113,136,00 To 55532 5858 474,508100 Other Professional Contract Services 80110 5918 587,644100 Other Special Health Expenses Justification. (Attach Memo if Necessary)
To recognize funding from the County Manager's Office Non-Departmental Services for the expenditures of the Health System Redesign Initiative (Salaries and Benefits, \$113,136.00 and Services and Supplies \$474,508.00) ☐ Four-Fifths Vote Required ☐ Board Action Not Required 2. 1 Board Action Required Remarks: COUNTY CONTROLLER 3. Approve as Requested ☐ Approve as Revised ☐ Disapprove Remarks: COUNTY MANAGER DO NOT WRITE BELOW THIS LINE - FOR BOARD OF SURERVISORS' 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____,

Aves and in favor of said resolution:

Noes and against said resolution:

Supervisors: _ Supervisors:

REQUEST NO.

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EPARTM		licy and Pla			DATE 1/24/08		
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	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION	1		
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	80110	8612	587,64400	Non-Departmental Reserves			
То	55532	4111	113,136 00	Regular Hour - Perm Positions			
	55532	, 5858	474,508 00	Other Professional Contract Services			
	80110	5918	587,644 00	Other Special Health Expenses	١		
To ex	kpenditures (funding from of the Healt	the County Manage h System Red e sign \$474,508.00)	r's Office Non-Departmental Servi Initiative (Salaries and Benefits	3, \$113,136.00		
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Rer	Board Action Requ		☐ Four-Fifths	BY: Which	DATE アダイのア		
, ,	Approve as Reques	sted	☐ Approve as	Revised	rove		
Her	narks:		•	COUNTY MANAGER BY: Lagra fano	DATE 1/25/08		
	DC	NOT WRITE	BELOW THIS LINE -	- FOR BOARD OF SUREAVISORS' USE	ONLY		
	В	OARD OF SUP	ERVISORS, COUNTY	OF SAN MATEO, STATE OF CALIFORN	NA.		
	.*		RESOLUTION TI	RANSFERRING FUNDS			
			RESOLUTION N	0			
	RESOLVED,	by the Board o	f Supervisors of the Co	ounty of San Mateo, that			
ha			hereinabove named in tain funds as described	the Request for Appropriation, Allotment of in said Request; and	or Transfer of Funds		
Co	WHEREAS, to ounty Manager	the County Con has recommend	troller has approved sa ded the transfer of fun	aid Request as to accounting and availableds as set forth hereinabove:	e balances, and the		
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						

Noes and against said resolution:

Supervisors: _

Ayes and in favor of said resolution:

Supervisors:

AREQUEST	NO.
ATIZ 8	028

				OF SAN MAT	- -	AREQUEST NO.
DFD45-	MAPAT		APPROPRIATION	IKANSFER	REQUEST	LDATE
DEPART 555		Policy and Plan	nning			1/24/08
1. RE	QUEST TRAN	NSFER OF APPR	OPRIATIONS AS LIST	TED BELOW:		
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	FUND OR ORG	ACCOUNT	AMOUNT		DESCRIPTI	ON '
From	55532	8142	587,644 00	Other Intra	afund Transfers	
·····	80110	8612	587,64400	Non-Departm	mental Reserves	
	55532	4111	113,136 00	Regular Hour - Perm Positions		
То	55532	5858	474,508 00	Other Profe	essional Contract	Services
	80110	. 5918	587,644 00	Other Speci	ial Health Expense	28
a	expenditures and Services	s of the Healt s and Supplies	n System Red e sign \$474,508.00)	initiative (Salaries and Bene	PATE /
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_	Board Action Re marks:	quired	☐ Four-Fifths	Vote Required	\vee	☐ Board Action Not Required
ne	marko.			.1	COUNTY CONTROLLER	
				Okz	BY: Who	97 18/07
/	Approve as Requ	uested	☐ Approve as	Revised		Disapprove
Re	emarks:				COUNTY MANAGER	
					BY: Legra 7	DATE 1/25/08
		DO NOT WRITE	BELOW THIS LINE -	- FOR BOARD	OF SURERVISORS	USE ONLY
		BOARD OF SUP	ERVISORS, COUNTY	OF SAN MATI	EO, STATE OF CALI	FORNIA
	.*		RESOLUTION TO	RANSFERRING	FUNDS	
			RESOLUTION N	0		
	RESOLVED	D, by the Board o	f Supervisors of the Co	ounty of San Ma	ateo, that	
ha			hereinabove named in tain funds as described			nent or Transfer of Funds
С			troller has approved sa ded the transfer of fun			ailable balances, and the
a		•	EREBY ORDERED AND ransfer of funds as set			ations of the County Man-
,	•		ted this		-	9
	Ayes and i	n favor of said re	esolution:	Noes	s and against said res	solution:

Supervisors: ___

Supervisors: _