

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 8 030

DEPARTMENT
HEALTH DEPARTMENT - AGING AND ADULT SERVICES

DATE
12/26/07

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57073	1952	65,408.00	Federal Aid-Aging
	57074	1952	1,837.00	Federal Aid-Aging
	57076	1952	72,030.00	Federal Aid-Aging
	57077	1952	77,424.00	Federal Aid-Aging
	57079	1952	23,057.00	Federal Aid-Aging
	57077	1767	2,592.00	State Aid-Aging
	57079	1767	4,979.00	State Aid-Aging
To	57073	6169	65,408.00	PSP-Aging & Adult
	57074	6169	1,837.00	PSP-Aging & Adult
	57076	6169	72,030.00	PSP-Aging & Adult
	57077	6169	80,016.00	PSP-Aging & Adult
	57079	6169	28,036.00	PSP-Aging & Adult

Justification. (Attach Memo if Necessary)

To recognize additional funds from California Department of Aging for the Title III/VII program per Amendment No. 1, Agreement No. AP-0708-08. There is no additional net county cost as a result of this ATR.

am
 DEPARTMENT HEAD
 BY: *Chelene G. Stov* / 30/08 DATE

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

Remarks:

COUNTY CONTROLLER
 BY: *2/8* DATE *1/21/08*

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: _____

ATR/AER Form

Controller's ATR Number

Department: Health Department
Division: Aging & Adult Services

Type of Transaction: ATR One-Time AER On-Going
Status of Transaction

Title: Title III/VII Amendment No. 1 FY 2007-08

Justification: To recognize additional funds from California Department of Aging for the Title III/VII program per Amendment No.1, Agreement No. AP-0708-08. There is no additional net county cost as a result of this ATR.

TO BP:	57000	Total:	247,327.00
FROM BP:	57000	Total:	247,327.00
		Net Change:	0.00

From/To	Subsubject	Account Description	Transfer Amt.
			65,408.00
57073	6169	PSP-Aging & Adult	1,837.00
57074	6169	PSP-Aging & Adult	72,030.00
57076	6169	PSP-Aging & Adult	80,016.00
57077	6169	PSP-Aging & Adult	28,036.00
57079	6169	PSP-Aging & Adult	
Appropriation Total			<u>247,327.00</u>
57073	1952	Federal Aid-Aging	65,408.00
57074	1952	Federal Aid-Aging	1,837.00
57076	1952	Federal Aid-Aging	72,030.00
57077	1952	Federal Aid-Aging	77,424.00
57079	1952	Federal Aid-Aging	23,057.00
57077	1767	State Aid-Aging	2,592.00
57079	1767	State Aid-Aging	4,979.00
Revenue Total			<u>247,327.00</u>
Net County Cost			<u>0.00</u>