

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 8 036

DEPARTMENT **5800B PUBLIC AUTHORITY** DATE **2/1/2008**

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	58210	1684	904,498 00	Realignment Sales Tax - Pub Asst
	58210	1713	82,092 00	State - IHSS
To	58210	6142	986,590 00	Individual Provider Pay - IHSS

Justification. (Attach Memo if Necessary)

For FY 2007-2008, there is a projected increase in Independent Providers' hours by 334,218 (from 3,229,840 to 3,564,058). This ATR recognizes the county's share in the corresponding increase in cost of IP wages which will be offset by additional State IHSS revenue and Realignment Sales Tax. There is no net county cost.

DEPARTMENT HEAD
BY: *Charles A. Silva* 2/4/08 DATE

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

COUNTY CONTROLLER
BY: *[Signature]* DATE 2/8/08

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:

Noes and against said resolution:

County of San Mateo
 Health Services Agency

ATR/AER Form

Controller's ATR Number

Department: Health Services Agency
 Division: Public Authority

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

Title: _____

Justification: To recongnize higher Realignment Sales Tax revenue (904,498.00) & State IHSS revenue (82,092.00)
due to an increase in individual provider hours. This will be off set by higher expenditures in Individual Provider Pay
(986,590.00).

TO BP:	58000BP	Total:	986,590.00
FROM BP:	58000BP	Total:	986,590.00
		Net Change:	0.00

From/To	Subsubject	Account Description	Transfer Amt.
58210	6142	Individual Provider Pay - IHSS	986,590.00
Appropriation Total			986,590.00
58210	1684	Realignment Sales Tax - Pub Asst	904,498.00
58210	1713	State - IHSS	82,092.00
Revenue Total			986,590.00
Net County Cost			0.00