

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
APR 8 045

DEPARTMENT Parks DATE March 31, 2008

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

FUND OR ORG.	C O D E S		AMOUNT	DESCRIPTION
	ACCOUNT			
39700	1956/80545		400,000 00	Parks Acquisition and Development Fund Unanticipated Federal Revenue
From				
39700	5858/80545		400,000 00	Parks Acquisition and Development Fund Other Professional Contracts
To				

Justification. (Attach Memo if Necessary)

Unanticipated Federal funds allocated from the National Marine Sanctuary Foundation for the Fitzgerald Marine Reserve Interpretive Exhibits and Signage Project.

DEPARTMENT HEAD
BY:  DATE 3-31-08

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

COUNTY CONTROLLER
BY:  DATE 4-2-07

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: _____

Supervisors: _____

Noes and against said resolution: _____

Supervisors: _____

Absent Supervisors: _____

ATTEST: _____ CHAIRMAN, BOARD OF SUPERVISORS
 _____ COUNTY OF SAN MATEO

Clerk of Said Board

DISTRIBUTION: BOARD OF SUPERVISORS
 _____ CONTROLLER
 _____ COUNTY MANAGER
 _____ DEPARTMENT
 _____ TREASURER

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DEPARTMENT HEAD
BY:  DATE 3-31-08

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

Remarks:

COUNTY CONTROLLER
BY:  DATE 4-2-07

3. Approve as Requested Approve as Revised Disapprove

Remarks:

COUNTY MANAGER
BY: _____ DATE _____

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Ayes and in favor of said resolution: _____

Supervisors: _____

Noes and against said resolution: _____
 Supervisors: _____

Absent
 Supervisors: _____

ATTEST:

 Clerk of Said Board

CHAIRMAN, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

DISTRIBUTION: _____ BOARD OF SUPERVISORS
 _____ CONTROLLER
 _____ COUNTY MANAGER
 _____ DEPARTMENT
 _____ TREASURER
 WHITE
 GREEN
 CANARY
 PINK
 GOLDENROD