| <del></del>                           |   |  | APPROPRIATION                          | TRANSFER                         | REQUEST                                |  |
|---------------------------------------|---|--|--|----------------------------------|--|--|
| 5800B PUBLIC AUTHORITY                |   |  |  |                                  |  | DATE 2/10/09   |
| 1. RE                                 | QUEST TRAN                                | ISFER OF APPRO                                 | OPRIATIONS AS LIS                      | TED BELOW:                       |  |  |
|                                       | C O                                       | DES  |  |                                  | -                                      |  |
|                                       |   |  | AMOUNT                                 |                                  | DESCRIPTION                            |  |
| From                                  | 58210<br>58210                            | 1713   | 589,138 00                             | REALIGNMENT SALES TAX - PUB ASST |  |  |
|                                       | 30210                                     | 1/13   | 48,184 00                              | STATE - IHSS                     |  |  |
| То                                    |   |  |  |                                  |  |  |
|                                       | 58210                                     | 6142   | 637,322  00                            | INDIVIDUAL PROVIDER PAY - IHSS   |  |  |
|                                       |   |  |  |                                  |  |  |
|                                       |   | <u> †                                     </u> |  |                                  |  |  |
| CORRE                                 | SPONDING IN                               | NCREASE IN COS                                 |  | CH WILL BE (                     | RECOGNIZES THE COUN                    | INDEPENDENT PROVIDE<br>TY'S SHARE IN THE<br>STATE IHSS |
| 2. 🗆 🛭                                | Board Action Req                          | uired  | ☐ Four-Fifths                          | Vote Required                    |  | Board Action Not Required                              |
| Rem                                   | narks:                                    |  |  |                                  | 4                                      | % Total Not Hequiled                                   |
|                                       |   |  |  |                                  | COUNTY CONTROLLER BY:                  | DATE   |
| 3. 🗆 A                                | 3. ☐ Approve as Requested ☐ Approve as Re |  |  |                                  | ☐ Disa                                 | Parava   |
| Rem                                   | arks:                                     |  |  |                                  |  | pprove   |
|                                       |   |  |  |                                  | BY:                                    | DATE   |
|                                       | D/  | O NOT WRITE D                                  |  |                                  |  |  |
| *                                     |   |  |  |                                  | OF SUPERVISORS' US                     | · · · · · · · · · · · · · · · · · · ·                  |
|                                       | Ð   | OARD OF SUPER                                  | RESOLUTION TR                          |                                  | O, STATE OF CALIFOR                    | INIA   |
|                                       |   |  |  |                                  | FUNDS                                  |  |
|                                       | RESOLVED,                                 | by the Board of S                              | RESOLUTION NO<br>Supervisors of the Co |                                  | teo that                               |  |
| <b>h</b>                              | WHEREAS, t                                | he Department he                               | reinabove named in t                   | he Request for                   | Appropriation Alletment                | or Transfer of Funds                                   |
| กลร                                   | requested the                             | riansier oi certai                             | n tunas as described                   | in said Reques                   | st; and                                |  |
| Cou                                   | inty manager                              | nas recommende                                 | une transfer of fund                   | is as set forth i                |  |  |
| age                                   | i ne abbioved                             | and that the tran                              | ster of funds as set t                 | orth in said Re                  |  |  |
|                                       |   |  |  | ay of                            | , 19                                   |  |
| Ayes and in favor of said resolution: |   |  |  |                                  | and against said resoluti              |  |
| Supervisors:                          |   |  |  | Supervisors:                     |  |  |
|                                       |   |  |  | Absent<br>Supervisor             | s:                                     |  |
| ATT                                   | EST:                                      |  |  | CH/                              | AIRMAN, BOARD OF SU<br>COUNTY OF SAN M | JPERVISORS<br>ATEO                                     |
|                                       | Clerk of                                  | Said Board                                     |  |                                  |  |  |
|                                       |   |  |  |                                  | Diotologica                            |  |

COUNTY OF SAN MATEO

C4--1/77

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

REQUEST NO.