

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT HEALTH DEPARTMENT - Aging and Adult Services DATE 04-29-09

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57076	1952	47,106 00	Federal Aid - Aging
	57078	1952	8,319 00	Federal Aid - Aging
	57079	1952	23,191 00	Federal Aid - Aging
To	57076	6169	47,106 00	PSP - Aging and Adult
	57078	6169	8,319 00	PSP - Aging and Adult
	57079	6169	23,191 00	PSP - Aging and Adult

Justification. (Attach Memo if Necessary)

To recognize additional funds from California Department of Aging for the Title III Nutrition and Senior Community Services Employment programs per Agreement No. NS-0809-08 and ES-0809-08. There is no additional net county cost as result of this ATR.

DEPARTMENT HEAD

BY: _____ DATE _____

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

Remarks:

COUNTY CONTROLLER

BY: _____ DATE _____

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: _____

Absent Supervisors: _____

ATTEST:

Clerk of Said Board

CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

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