

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR-10 006

DEPARTMENT **Health System - Community Health** DATE **10-06-09**

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	see attached			see attached
To				

Justification. (Attach Memo if Necessary)

To recognize funds from California Department of Public Health for Public Health emergency preparedness programs and H1N1 response per EPO 09-41. There is no additional Net County Cost as a result of this ATR.

DEPARTMENT HEAD
BY: *[Signature]* DATE *10/15/09*

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

COUNTY CONTROLLER
BY: *[Signature]* DATE *10/20/09*

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: _____