

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT Health Systems - Aging and Adult Services

DATE 03-23-10

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57073	1952	85,216 00	Federal Aid-Aging
	57074	1952	1,788 00	Federal Aid-Aging
	57076	1952	53,620 00	Federal Aid-Aging
	57077	1952	98,116 00	Federal Aid-Aging
	57079	1952	95,286 00	Federal Aid-Aging
To	57073	6169	85,216 00	PSP-Aging and Adult
	57074	6169	1,788 00	PSP-Aging and Adult
	57076	6169	53,620 00	PSP-Aging and Adult
	57077	6169	98,116 00	PSP-Aging and Adult
	57079	6169	95,286 00	PSP-Aging and Adult

Justification. (Attach Memo if Necessary) To recognize additional funds from California Department of Aging for the Title III/VII programs per Amendment No. 2, Agreement No. AP-0910-08. 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:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

Absent
Supervisors: _____

ATTEST:

CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Clerk of Said Board

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