

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 10 03

ALLIANCE HEALTH SYSTEM - Behavioral Health & Recovery Services 6100R DATE 4-1-10

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	61001	8612	312,500	Departmental Reserves
	61104	6739	245,000	All Other Service Charges
	74138	6163	55,000	PSP-Alcohol/Drug Treatment Services
To	61201	5856	312,500	Contract Special Program Services
	61401	5875	245,000	Interagency Agreements-Non County
	74105	5856	55,000	Contract Special Program Services

Justification. (Attach Memo if Necessary)
 The State General Fund for Managed Care Outpatient Services was reduced. BH identified Dept. Reserves to fund for the first quarter of this fiscal year the amount of \$312,500. In addition, \$300,000 is being transferred from Oth Charges to Services & Supplies Appropriation.

DEPARTMENT HEAD
 BY: *[Signature]* DATE 5/1/10

See attached Board Memo.
 Board Action Required Four-Fifths Vote Required Board Action Not Required

COUNTY CONTROLLER
 BY: *[Signature]* DATE 4.5.10

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