

**COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.

DEPARTMENT

Health Systems - Aging and Adult

DATE

11-30-10

**1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:**

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From				
	57071	1952	28,183 00	Federal Aid-Aging
To				
	57071	6169	28,183 00	PSP-Aging and Adult

Justification. (Attach Memo if Necessary) To recognize additional funds from California Department of Aging for HICAP programs per Amendment No. 1, Agreement No. HI-1011-08. 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

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