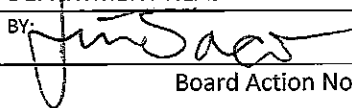
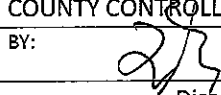
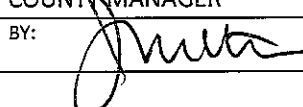


COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR/S-027	
DEPARTMENT County Manager's Office / Human Resources				DATE 1/27/15	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES		AMOUNT	DESCRIPTION	
	FUND OR ORG.	ACCOUNT			
From	VARIOUS		\$62,500.00	Refer to Attachment	
To	VARIOUS		\$62,500.00	Refer to Attachment	
Justification. (Attach Memo if Necessary) Transfer appropriations from Non-Departmental to various departments as part of the FY 2013-14 STARS Awards Program.					
				DEPARTMENT HEAD	
				BY: 	DATE: 01/28/15
2. Board Action Required		☒ Four-Fifths Vote Required		Board Action Not Required	
Remarks:					
				COUNTY CONTROLLER	
				BY: 	DATE: 1/15/15
3. ☒ Approve as Requested		Approve as Revised		Disapprove	
Remarks:					
				COUNTY MANAGER	
				BY: 	DATE: 1-20-15

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 _____, 20____

Ayes and in favor of said resolution:

Supervisors: _____

ATTEST:

Clerk of Said Board

Noes and against said resolution:

Supervisors: _____

Absent Supervisors: _____

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Appropriation Transfer Request (ATR)
STARS Awards Program - January 27, 2015

FROM

Fund	Account	Amount	Description
80110	5927	\$ 42,500.00	Program Activity Expense (Non-Departmental)
			IFR - General Fund (SMMC Depression Screening for Diabetics,
68420	2521	20,000.00	Health System)
		<u>62,500.00</u>	

TO

			Contract Special Services Program (SMMC Depression Screening for
68420	5856	\$ 20,000.00	Diabetics Program, Health System) - Program Performance
			Other Special Departmental Expense (County Wellness Committee,
17110	5969	20,000.00	Human Resources) - Program Performance
			Misc Other Expense (Service Connect, Health System) - Customer
61201	5188	10,000.00	Service ward
			Other Office Expense (Moving to Work- Online Application Program,
79300	5969	7,500.00	Housing) - Honorable Mention/Program Performance
			Other Office Expense (Way2Go Program, Health System) -Green
55111	5969	2,500.00	Misc Other Expense (Sheriff's Activities League/Clean Team Program,
			Sheriff's Office) - Green
30514	5188	2,500.00	
		<u>62,500.00</u>	

Jim Saco
1/8/15