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 TRANSGER 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: [signature] DATE: 01/08/15

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

COUNTY CONTROLLER
BY: [signature] DATE: 1/15/15

TA 1/13/15

3. X Approve as Requested Approve as Revised Disapprove
Remarks:

COUNTY MANAGER
BY: [signature] 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: _____

_____

_____

_____

_____

Noes and against said resolution:

Supervisors: _____

_____

Absent Supervisors: _____

_____
PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST:

_____
Clerk of Said Board

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)
68420	2521	20,000.00	IFR - General Fund (SMMC Depression Screening for Diabetics, Health System)
		62,500.00	

TO

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

1/8/15