

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST					REQUEST NO. ATR24-B0036	
DEPARTMENT: HUMAN SERVICES AGENCY					DATE: 12/27/2023	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:						
	CODES			AMOUNT	DESCRIPTION	
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only			
FROM	73333	2655		\$135,000	Other Foundation Grants	
	68120	2655		\$135,000	Other Foundation Grants	
TO	73333	5921		\$135,000	Direct Labor Costs - VRS	
	68120	5825		\$135,000	Contract Dental Services	
Justification (Attach Memo if Necessary): The appropriation transfer request recognizes unanticipated revenue in the amount of \$135,000 to HSA and unanticipated revenue in the amount of \$135,000 to County Health intended as a grant to support job training and dental services provided at the Navigation Center.						
DEPARTMENT HEAD				DATE 12/28/2023		
2. ☐ Board Action Required ☒ Four-Fifths Vote Required ☐ Board Action Not Required						
Remarks:						
COUNTY CONTROLLER				DATE 1/3/2024		
3. ☒ Approve as Requested ☐ Approve as Revised ☐ Disapproved						
Remarks:						
COUNTY EXECUTIVE				DATE 1/3/2024		
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 Executive has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Executive 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: NOES and against said resolution:

Supervisors: _____

Supervisors: _____

Absent
Supervisors: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO