

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR24-B0042	
DEPARTMENT: County Executive's Office				DATE: 1/31/2024	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	See Supporting Attachment	See Supporting Attachment		50,000	See Supporting Attachment
TO	See Supporting Attachment	See Supporting Attachment		50,000	See Supporting Attachment
Justification (Attach Memo if Necessary): STARS Program Awards. See Board Memo for details.					
DocuSigned by: <i>Heather Ledesna</i> D3975895E3D1478...					
DEPARTMENT HEAD				DATE 2/1/2024	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:					
DocuSigned by: <i>Ngoc Nguyen</i> 311A76FBA8404C2...					
COUNTY CONTROLLER				DATE 2/2/2024	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
In Process					
DocuSigned by: <i>Roberto Manchia</i> 5178A926843D471...					
COUNTY EXECUTIVE				DATE 2/5/2024	
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: _____

 PRESIDENT, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

ATTEST: _____
 Clerk of Said Board

**County of San Mateo
Appropriation Transfer Request
(Supporting Attachment)**

Department: County Executive's Office

Date: 1/31/2024

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

		CODES				
		FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION
FROM		80110	5927		50,000	Program Activities Expense
		Subtotal			50,000	
TO		61503	5188		30,000	Health, BHRS - Program
		62422	5969		10,000	Health, Family - Cust Service
		18821	5927		5,000	ISD - Green
		62121	5969		5,000	Health, Family - DEI
		Subtotal			50,000	