COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST

REQUEST NO. ATR24-B0039

DEPARTMENT: HEALTH - CORRECTIONAL HEALTH SERVICES

DATE: 01/10/2024

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	63110	2647		$120,000	Unanticipated Revenue in the Correctional Health Budget Unit (6300B)
TO	63110	5172		$120,000	Unanticipated Revenue in the Correctional Health Budget Unit (6300B)

Justification (Attach Memo if Necessary): Authorizes an Appropriation Transfer Request in the amount of $120,000 accepting unanticipated revenue and appropriates expenditures for the agreement between the San Mateo County Health, and Liberty Healthcare Corp for Early Access and Stabilization Services

DEPARTMENT HEAD DocuSigned by: Louise Rogers 5EA0DB8B58304D3... **DATE** 1/10/2024

2. ☐ **Board Action Required** ☒ **Four-Fifths Vote Required** ☐ **Board Action Not Required**

Remarks:

COUNTY CONTROLLER DocuSigned by: Ngoc Nguyen 311A76FBA8404C2... **DATE** 1/17/2024

3. ☒ **Approve as Requested** ☐ **Approve as Revised** ☐ **Disapproved**

Remarks:

COUNTY EXECUTIVE DocuSigned by: Roberto Manchia B2CAA10C3C9341B... **DATE** 1/17/2024

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:

Supervisors: _____

NOES and against said resolution:

Supervisors: _____

Absent Supervisors: _____

_____
PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST: _____
Clerk of Said Board

DISTRIBUTION: Board of Supervisors – Controller – County Manager –Department - Treasurer

County of San Mateo
Appropriation Transfer Request
(Supporting Attachment)

Department: **Health - Correctional Health Services (6300B)** **Date:** 1/10/2024

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES				
	FUND or ORG	**ACCOUNT**	**JL ORG CODE Measure K only**	**AMOUNT**	**DESCRIPTION**
FROM	63110	2647		120,000	Miscellaneous Reimbursement
	Subtotal			120,000	
TO	63110	5172		120,000	Drugs & Pharamaceuticals
	Subtotal			120,000	