

<b>COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST</b>	REQUEST NO. ATR25-BJ063
DEPARTMENT: County Health, Public Health, Policy and Planning	DATE: 03/20/2025

**1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:**

	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
<b>FROM</b>	62230	1135	HLTSM	\$13,136	Sales and Use Tax
<b>TO</b>	62230	4128	HLTSM	\$13,136	Regular Pay Adjustments

**Justification (Attach Memo if Necessary):** Please see attached memo.

DocuSigned by:  
**DEPARTMENT HEAD** *Gina Wilson*  
F4310B31A7FE419...      **DATE** 3/20/2025

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

**Remarks:**

DocuSigned by:  
**COUNTY CONTROLLER** *Ngoc Nguyen*  
311A76FBA8404C2...      **DATE** 3/24/2025

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

**Remarks:**

DocuSigned by:  
**COUNTY EXECUTIVE** *Roberto Manchia*  
5178A926843D471...      **DATE** 3/24/2025

**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