COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST

REQUEST NO.

ATR 19-061

HEALTH / PUBLIC HEALTH POLICY AND PLANNING

DATE: 06/10/2019

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG	ACCOUNT		
FROM	62050	1872	$75,000	State-Aid Anti Terrorism
	62050	1942	$75,000	Federal Aid – Anti Terrorism
TO	62050	4128	$127,000	Regular Pay Adjustments
	62050	5188	$23,000	Misc Other Expenses

Justification (Attach Memo if Necessary):
Health Emergency Preparedness (org #62050) was able to secure additional grant funding through California Department of Public Health within the 18/19 fiscal year totaling $150,000 for two limited term Management Analyst positions and various operating expenditures. No change in Net County Cost for 5600B (org#62050 & 56110).

DEPARTMENT HEAD *(signature)*   **DATE** 6·19·19

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

COUNTY CONTROLLER *(signature)*   **DATE** 6/19/19

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

COUNTY MANAGER *(signature)*   **DATE** 6/19/19

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 an 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