

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST	REQUEST NO. ATR26-B0041
DEPARTMENT: Health/Behavioral Health & Recovery Services	DATE: 2/20/2026

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	61702	2658		4,000,000	Tenant Improvements at 863A Mitten Road.
TO	61702	5851		4,000,000	Tenant Improvements at 863A Mitten Road.

Justification (Attach Memo if Necessary): Behavioral Health and Recovery Services is moving from leased space at 310 Harbor, Belmont, to County-owned property at 863A Mitten Road, Burlingame. This ATR is needed for Tenant Improvements.

Signed by:

Coleen Chawla
178BB49A967E45D...

DEPARTMENT HEAD

DATE 2/24/2026

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

Remarks:

DocuSigned by:

Kim-Anh Le
27CA17035F52444...

COUNTY CONTROLLER

DATE 2/26/2026

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

Remarks:

DocuSigned by:

Roberto Marchia
5178A926843D471...

COUNTY EXECUTIVE

DATE 2/26/2026

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: Health/Behavioral Health & Recovery Services

Date: 2/20/202

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

		CODES				
		FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION
FROM	61702	2658			4000000	Tenant Improvements-Mitten
				Subtotal	4,000,000	
TO	61702	5851			4000000	Tenant Improvements-Mitten
				Subtotal	4,000,000	

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

Department: Health/Behavioral Health & Recovery Services

Date: 2/20/2026

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

		CODES				
		FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION
FROM	61702	2658			4,000,000	Mitten Road Tenant Improvements
				Subtotal	4,000,000	
TO	61702	5851			4,000,000	Mitten Road Tenant Improvements
				Subtotal	4,000,000	