

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 20-011

DEPARTMENT **SAN MATEO MEDICAL CENTER**

DATE **6/12/2020**

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	66016	2646	\$ 5,581,855	Unanticipated Revenue
To	66016	1956	\$ 4,692,800	Provider Relief Fund in CARES Act
	68120	2655	\$ 881,720	FY2020 CARES Supplemental Fund awarded to Health Centers with HRSA grants for Prepare, Prevent & Respond to COVID-19
	66011	2655	\$ 7,335	State Hospital Association Grans for Preparedness Response administered by HHS

Justification. (Attach Memo if Necessary)

To transfer budget from patient revenue (cost report settlements) to other patient program revenue to recognize unanticipated revenue distributed by the federal government and partially relieve financial hardship at San Mateo Medical Center (SMMC) caused by the COVID-19 pandemic.

DEPARTMENT HEAD

BY:  DATE: **6/15/2020**
Board Action Not Required

2. Board Action Required Four-Fifths Vote Required

Remarks:

COUNTY CONTROLLER

BY:  DATE: **6/10/20**

3. Approve as Requested Approve as Revised Disapprove

Remarks:

COUNTY MANAGER

BY:  DATE: **6/10/20**

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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 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