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| COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST | REQUEST NO. ATR23-B0078 |
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| DEPARTMENT: Correctional Health Services | DATE: 04/17/2023 |
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1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

| | CODES | | | AMOUNT | DESCRIPTION |
|-------------|---------------------------|---------------------------|-------------------------------|-----------|---------------------------|
| | FUND or ORG | ACCOUNT | JL ORG CODE Measure K only | | |
| FROM | See Supporting Attachment | See Supporting Attachment | | 1,880,943 | See Supporting Attachment |
| TO | See Supporting Attachment | See Supporting Attachment | | 1,880,943 | See Supporting Attachment |

Justification (Attach Memo if Necessary): See Supporting Memo

DocuSigned by:
DEPARTMENT HEAD *Louise F. Rogers* **DATE** 4/17/2023
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2. Board Action Required **Four-Fifths Vote Required** Board Action Not Required

Remarks:

DocuSigned by:
COUNTY CONTROLLER *Ngoc Nguyen* **DATE** 4/17/2023
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3. **Approve as Requested** Approve as Revised Disapproved

Remarks:

DocuSigned by:
COUNTY EXECUTIVE *Roberto Mandua* **DATE** 4/18/2023
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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: Correctional Health Services

Date: 04/17/2023

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

| CODES | | | | | |
|--------------------|-----------------|---------|----------------|-----------|-----------------------------|
| JL ORG CODE | | | | | |
| | FUND or ORG | ACCOUNT | Measure K only | AMOUNT | DESCRIPTION |
| FROM | 63110 | 1682 | | 1,723,654 | Realignment Sales Tax |
| | 63110 | 1957 | | 77,289 | All Other Federal Grants |
| | 63210 | 1764 | | 80000 | Alcohol & Drug Programs |
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| | Subtotal | | | 1 880 943 | |
| TO | 63110 | 5165 | | 77,289 | Medical/Dental Supplies |
| | 63110 | 5172 | | 1,239,936 | Drugs & Pharmaceuticals |
| | 63110 | 5856 | | 196,776 | Contract Special Program |
| | 63105 | 6725 | | 286,942 | General Liability Insurance |
| | 63210 | 7311 | | 80,000 | Fixed Assets Equipment |
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| | Subtotal | | | 1 880 943 | |