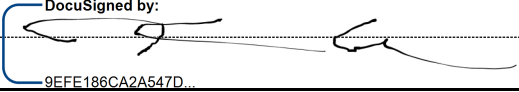
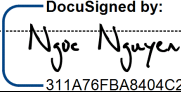
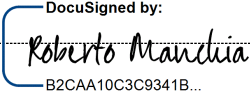


COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR23-BJ056	
DEPARTMENT: HUMAN SERVICES AGENCY				DATE: 1/20/2023	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	See attached ATR	See attached ATR	See attached ATR	See attached ATR	See attached ATR
TO	See attached ATR	See attached ATR		See attached ATR	See attached ATR
Justification (Attach Memo if Necessary): Realignment of appropriated Measure K funds in order to support the program needs of the Human Services Agency to address the county's work to end homelessness.					
DocuSigned by:  DEPARTMENT HEAD				DATE 2/28/2023	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:					
DocuSigned by:  COUNTY CONTROLLER				DATE 2/28/2023	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
DocuSigned by:  COUNTY EXECUTIVE				DATE 2/28/2023	
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				REQUEST NO.	
DEPARTMENT HUMAN SERVICES AGENCY				DATE: 1/20/2023	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	74251	1135	HSAPI	325,000	Sales and Use Tax Revenue
	74251	5858	HSAPI	325,000	Other Professional Contract Sv
TO	75103	1135	HSAHI	325,000	Sales and Use Tax Revenue
	75103	4128	HSAHI	215,919	Salary Adjustment
	75103	4629	HSAHI	109,081	Benefit Adjustment
Justification (Attach Memo if Necessary): Realignment of appropriated Measure K funds in order to support the program needs of the Human Services Agency to address the county's work to end homelessness.					
DEPARTMENT HEAD				DATE	
2. <input type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input checked="" type="checkbox"/> Board Action Not Required Remarks:					
COUNTY CONTROLLER				DATE	
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
COUNTY MANAGER				DATE	
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 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