COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST						REQUEST NO. ATR24-B0036	
DEPARTMENT: HUMAN SERVICES AGENCY						DATE: 12/27/2023	
1. REQUEST	TRANSFER O	F APPROPRI	ATION AS LIS	TED BELOW:			
	FUND or ORG	CODES	JL ORG CODE	AMOUNT		DESCRIPTION	
FROM	73333 68120	2655 2655	Measure K only	\$135,000 \$135,000	Other Founda		
то	73333 68120	5921 5825		\$135,000 \$135,000	Direct Labor ( Contract Dent		
Justification (		if Necessary):	\$135,000 to HSA an intended as a grant	d unanticipated reven	ue in the amount	d revenue in the amount of t of \$135,000 to County Health ces provided at the Navigation	
DEPARTMENT HEAD Claim Cunningham Center.  DATE						8/2023	
2. ☐ Board Remarks:	Action Require	ocuSigned by:	Four-Fifths Vot	e Required	☐ Boa	ard Action Not Require	
COUNTY CONTROLLER LIM-lul L					<b>DATE</b> 1/3/2	2024	
3. ☑ Appro Remarks:	ve as Requeste		Approve as Rev	vised	☐ Dis	sapproved	
COUNTY EXECUTIVE  ROCANICACIONALE  Docusigned by:  Roberto Mandria  DATE 1/						024	
DO NOT WRITE BELOW THIS LINE – FOR BOARD OF							
	BOARI			SAN MATEO, STA		ORNIA	
				ISFERRING FUNDS			
RES	OLVED, by the B			y of San Mateo, th	_		
	•			e Request for App as described in sa	•		
				Request as to acco as set forth hereir		vailable balances, and	
				TERMINED that th orth in said Reque		ations of the County d.	
Regularly passed and adopted this				_day of			
AYES and in favor of said resolution:				NOES and against said resolution:			
Supervisors	S:		Sı	upervisors:			
			Ab Su	sent pervisors:			
		PRESIDENT, BOARD OF SUPERVISORS COUNTY OF SAN MATEO					
ATTEST:	Clerk of	Said Board					