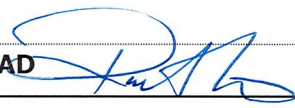
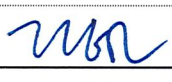



<b>COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST</b>				REQUEST NO.	
DEPARTMENT: COUNTY MANAGER'S OFFICE				DATE: 2/23/2021	
<b>1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:</b>					
	<b>CODES</b>			<b>AMOUNT</b>	<b>DESCRIPTION</b>
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
<b>FROM</b>	66142	2521		\$5,000	2521 IFR- (Health - SMMC/ Diversity and Inclusion)
<b>TO</b>	66142	5927		\$5,000	(Health- SMMC -Diversity and Inclusion)
<b>Justification (Attach Memo if Necessary):</b> STARS Program. See Board Memo for details.					
DEPARTMENT HEAD 				DATE 2/3/21	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required					
Remarks:					
COUNTY CONTROLLER 				DATE 2/4/21	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
COUNTY MANAGER 				DATE 2/5/21	
<b>DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY</b>					

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