

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR26-B0029	
DEPARTMENT: County Health/Health IT & Electronic Health Record				DATE: 12/23/2025	
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		9,892,487	See Supporting Attachment
TO	See Supporting Attachment	See Supporting Attachment		9,892,487	See Supporting Attachment
Justification (Attach Memo if Necessary): See Supporting Attachment					
Signed by:					
DEPARTMENT HEAD <i>Coleen Chawla</i> 178BB49A967E45D...				DATE 1/7/2026	
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 <i>Ngoc Nguyen</i> 311A76FBA8404C2...				DATE 1/7/2026	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
DocuSigned by:					
COUNTY EXECUTIVE <i>Roberto Manchia</i> 5178A926843D471...				DATE 1/21/2026	
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: _____

**County of San Mateo
Appropriation Transfer Request
(Supporting Attachment)**

Department: County Health/Health IT & Electronic Health Record

Date: 12/23/2025

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES				
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION
FROM	84210	2378		7,058,660	Other Reimbursements
	55614	2731		1,695,881	Other Financing Sources
	55614	2545		1,137,946	Interfund Revenue
		Subtotal			9,892,487
TO	55614	4111		1,896,577	Regular Hours perm position
	55614	5731		187,250	Dept Employee Training Exp
	55614	6739		750,000	All Other Service Charges
	84210	7313		5,362,779	Capital Assets - Software - W
	84210	7541		1,695,881	Operating Tsfr Out
		Subtotal			9,892,487