

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR24-0J025	
DEPARTMENT: HEALTH - AGING AND ADULT SERVICES				DATE: Nov 6, 2023	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	<small>FUND or ORG</small>	<small>ACCOUNT</small>	<small>JL ORG CODE Measure K only</small>		
FROM	58210	1713		\$343,079	State - IHSS
	58210	1913		\$456,921	Federal - IHSS
TO	58210	5611		\$800,000	Blanket Insurance Premiums
Justification (Attach Memo if Necessary): FY23-24, there is a projected increase of \$800,000 in health premiums for independent providers. (from \$478.35 to \$521.40, effective Jan 01, 2024, for 1192 members per month) The amount will be covered by Federal/State funds under IHSS Public Authority.					
DEPARTMENT HEAD <i>Lisa Mancini</i> <small>DocuSigned by: EF90BA06C1804A4...</small>				DATE 11/6/2023	
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 <i>Ngoc Nguyen</i> <small>DocuSigned by: 311A76FBA8404C2...</small>				DATE 11/7/2023	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
COUNTY EXECUTIVE <i>Roberto Marchia</i> <small>DocuSigned by: B2CAA10C3C9341B...</small>				DATE 11/8/2023	

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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