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|---|----------------------------|------------------------|---|----------------------------|--|
| COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST | | | | REQUEST NO. ATR24-B0039 | |
| DEPARTMENT: HEALTH - CORRECTIONAL HEALTH SERVICES | | | | DATE: 01/10/2024 | |
| 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 | 63110 | 2647 | | \$120,000 | Unanticipated Revenue in the Correctional Health Budget Unit (6300B) |
| TO | 63110 | 5172 | | \$120,000 | Unanticipated Revenue in the Correctional Health Budget Unit (6300B) |
| Justification (Attach Memo if Necessary): Authorizes an Appropriation Transfer Request in the amount of \$120,000 accepting unanticipated revenue and appropriates expenditures for the agreement between the San Mateo County Health, and Liberty Healthcare Corp for Early Access and Stabilization Services | | | | | |
| DEPARTMENT HEAD <i>Louise Rogers</i> <small>DocuSigned by: 5EA0DB8B58304D3...</small> | | | | DATE 1/10/2024 | |
| 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 1/17/2024 | |
| 3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks: | | | | | |
| COUNTY EXECUTIVE <i>Roberto Manchia</i> <small>DocuSigned by: B2CAA10C3C9341B...</small> | | | | DATE 1/17/2024 | |

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
(Supporting Attachment)**

Department: Health - Correctional Health Services (6300B)

Date: 1/10/2024

REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

| | | CODES | | | |
|-------------|-------------|-----------------|-------------------------------|---------|-----------------------------|
| | FUND or ORG | ACCOUNT | JL ORG CODE Measure K only | AMOUNT | DESCRIPTION |
| FROM | 63110 | 2647 | | 120,000 | Miscellaneous Reimbursement |
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| | | Subtotal | | 120,000 | |
| TO | 63110 | 5172 | | 120,000 | Drugs & Pharamaceuticals |
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| | | Subtotal | | 120,000 | |