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COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST DEPARTMENT: HEALTH - AGING AND ADULT SERVICES						REQUEST NO. ATR25-B0016	
					DATE: Nov 14,2024		
1. REQUEST	TRANSFER C	F APPROPR	IATION AS LIS	TED BELOW:			
		CODES		AMOUNT		DESCRIPTION	
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT		DESCRIPTION	
FROM	58210 58210	1713 1913		\$ 669,171 \$ 669,170	State - IHSS Federal - IHS		
то	58210	5611		\$1,338,341	Blanket Insu	rance Premiums	
Justification DEPARTMEN	Docu	if Necessary) signed by:	\$1,338,341. (rate wil	I increase from \$521.4 inds for the IHSS Publ	0 to \$599.61 for		
		ed 🗵	Four-Fifths Vot			pard Action Not Require	
COUNTY CON		Docusigned by:			DATE 11/1	4/2024	
	ove as Requeste	0 0 1 811A76FBA8404C2 ed	Approve as Re			isapproved	
COUNTY EXE	Kalas	usigned by: Manduia			DATE 11/2	5/2024	
C	O NOT WRIT	E BELOW TH	IS LINE - FOR	BOARD OF SU	JPERVISOI	RS USE ONLY	
	BOAR		SORS, COUNTY OF ESOLUTION TRAN	•		FORNIA	
		RE	SOLUTION NO	080838			
RES	SOLVED, by the B	Board of Superv	isors of the Count	y of San Mateo, th	nat		
			bove named in the er of certain funds				
			as approved said I e transfer of funds			available balances, and	
			ORDERED AND DE r of funds as set f			dations of the County ed.	
Reg	gularly passed a	and adopted th	nis	_day of		20	
AYE	ES and in favor	of said resolu	tion:	NOES and a	against said	resolution:	
Supervisor	s:		S	upervisors:			
				sent pervisors:			
						F SUPERVISORS	
ATTEST:				COL	JNTY OF SA	N MATEO	
	Clerk of	Said Board					

Docusign Envelope ID: 563FE383-6B0E-4124-8E32-C86D8542B938 **BENETIT SERVICES CENTER**

Health Plan of San Mateo

FY 2024-25	Total	↑ %_	FY 2024-25	rate	↑%	Total	↑ %
July	25,919		July	521.4		647 <i>,</i> 579	
August	25,997		August	521.4		651,750	
September	26,017		September	521.4		654,357	
October	26,057		October	521.4		668,435	
November	26,195		November	521.4		659 <i>,</i> 571	
December	26,609		December	521.4		659,571	
January	27,284		January	599.61	15.0%	785 <i>,</i> 489	
February	27,284		February	599.61		785 <i>,</i> 489	
March	29,268		March	599.61		785,489	
April	29,268		April	599.61		785,489	
May	29,268		May	599.61		785,489	
June	29,268	_	June	599.61		785,489	
Total	328,432	8.0%	Total			8,654,197	20.1%

Revenue Appropriation	
58210-1913 (50%)	\$ 669,170
58210-1713 (50%)	\$ 669,171
Total Appropriation	\$ 1,338,341
Current 24-25 Adopted Budget	\$ 7,644,288
Projected Healthworx	\$ 8,654,197
Projected Benefit Service Center	\$ 328,432
Total Expenses	\$ 8,982,629
ATR 58210-5611	\$ 1 338 341

Budget Unit - Name	▼ Sub Unit - Name	Account Class - Name	▼ Sub Account - Name	T	enue/Expense s = 2	024-25 Adopt
5800B - IHSS Public Authority	58210 - Services	5000 - Services and Supplies	5611 - Blanket Insurance Pr	emiu	Expenses	7,644,288

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. 080838

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 7 day of January, 2025.

Assistant Clerk of the Board

ATTEST:

Ayes and in fa	avor of said resolution:	Noes and aga	ainst said resolution:
Supervisors:	JACKIE SPEIER	Supervisors:	NONE
	NOELIA CORZO		
	RAY MUELLER		
	LISA GAUTHIER		
	DAVID J. CANEPA		
			9. J Conepa
			T, BOÅRD OF SUPERVISORS TY OF SAN MATEO