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| COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST | REQUEST NO. <i>ATR 21-006</i> |
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| DEPARTMENT: NON-DEPARTMENTAL SERVICES | DATE: 10/13/20 |
|---------------------------------------|----------------|

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

| | CODES | | | AMOUNT | DESCRIPTION |
|-------------|-------------|---------|-------------------------------|----------------|-------------------------------------|
| | FUND or ORG | ACCOUNT | JL ORG CODE Measure K only | | |
| FROM | 80125 | 1135 | NDSIR | \$2,000,000.00 | Sales and Use Tax Measure A |
| TO | 80125 | 6263 | NDSIR | \$2,000,000.00 | Project Contribution – Other Agency |

Justification (Attach Memo if Necessary):
See attached memorandum.

| | |
|------------------------------------|------------------------|
| DEPARTMENT HEAD <i>[Signature]</i> | DATE <i>10/13/2020</i> |
|------------------------------------|------------------------|

2. Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks:

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|--------------------------------------|----------------------|
| COUNTY CONTROLLER <i>[Signature]</i> | DATE <i>10/14/20</i> |
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3. Approve as Requested Approve as Revised Disapproved

Remarks:

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|-----------------------------------|----------------------|
| COUNTY MANAGER <i>[Signature]</i> | DATE <i>10/15/20</i> |
|-----------------------------------|----------------------|

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 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