

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST					REQUEST NO. ATR22-090D
DEPARTMENT: Medical Center					DATE: 7/5/2022
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	Various. See attached PDF	Various. See attached PDF		6,700,000	Various. See attached PDF files
TO	Various. See attached PDF	Various. See attached PDF		6,700,000	Various. See attached PDF files
Justification (Attach Memo if Necessary): Various. See attached PDF files					
DocuSigned by:					
DEPARTMENT HEAD Louise F Rogers 5FA0DB8B58304D3				DATE 7/6/2022	
2. <input type="checkbox"/> Board Action Required <input type="checkbox"/> Four-Fifths Vote Required <input checked="" type="checkbox"/> Board Action Not Required					
Remarks:					
DocuSigned by:					
COUNTY CONTROLLER Kim-Anh Le 27CA17035F52444...				DATE 7/7/2022	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved					
Remarks:					
DocuSigned by:					
COUNTY EXECUTIVE Roberto Manchia B2CAA10C3C9341B...				DATE 7/7/2022	
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: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO.
DEPARTMENT SAN MATEO MEDICAL CENTER				DATE 7/1/2022
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	66111	6713	\$ 500,000	Re-purpose unused budget for 1) Whole Person Care Intergovernmental Transfer; 2) savings in the real property lease expenses; and 3) savings in CORE IT charges to fund nurse registry and professional contract expenses that were higher than budget.
	66410	6713	\$ 450,000	
	66510	6713	\$ 200,000	
	68220	6713	\$ 100,000	
	68420	6713	\$ 300,000	
	68611	6713	\$ 100,000	
	66011	6713	\$ 50,000	
	68611	6716	\$ 500,000	
	66016	7544	\$ 4,500,000	
To	66111	5819	\$ 1,200,000	See above
	66121	5819	\$ 1,300,000	
	66410	5819	\$ 1,000,000	
	66420	5819	\$ 500,000	
	68110	5821	\$ 500,000	
	68220	5821	\$ 100,000	
	68440	5821	\$ 600,000	
	66521	5856	\$ 400,000	
	66028	5857	\$ 200,000	
	66021	5857	\$ 150,000	
	66481	5857	\$ 150,000	
	66521	5857	\$ 400,000	
	66011	5858	\$ 200,000	