DocuSign Envelope ID: 0236AE5F-309B-4D30-9E16-FAB368229394 **COUNTY OF SAN MATEO** REQUEST NO. APPROPRIATION TRANSFER REQUEST ATR23-BJ041 DATE: 12-12-2022 DEPARTMENT: HUMAN SERVICES AGENCY 1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW: **CODES AMOUNT DESCRIPTION** JL ORG CODE **FUND or ORG ACCOUNT** Measure K only Measure K Sales and Use Tax 80125 1135 BOSD1 \$54.181 **FROM** BOSD1 Measure K Sales and Use Tax 75103 1135 \$54.181 Other Professional Contract Sv BOSD1 \$54,181 80125 6265 TO Other Professional Contract Sv 75103 5858 BOSD1 \$54.181 Justification (Attach Memo if Necessary): This action adds appropriation to spend the remaining BOSD1 Measure K funding previously approved for the continuance of the Millbrae HOT Pilot project. **DATE** 12/31/2022 **DEPARTMENT HEAD** 9EFE186CA2A547D. □ Four-Fifths Vote Required ■ Board Action Not Required 2. Board Action Required Remarks: COUNTY CONTROLLER **DATE** 1/5/2023 Disapproved 3. ☑ Approve as Requested Approve as Revised Remarks: DocuSigned by: Roberto Manchia DATE 1/5/2023 COUNTY **EXECUTIVE** 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. _____ 20 ____ Regularly passed and adopted this _____day of ____ AYES and in favor of said resolution: NOES and against said resolution: Supervisors: Supervisors:_ Absent Supervisors: _____

PRESIDENT, BOARD OF SUPERVISORS COUNTY OF SAN MATEO

Clerk of Said Board

ATTEST: