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cuSign Envelope ID:	9982B9C5-8B58-46					1
			SAN MATEO N TRANSFER			REQUEST NO. ATR23-BJ056
DEPARTMENT:	HUMAN SER\	/ICES AGENC	Y			DATE: 1/20/2023
1. REQUEST	TRANSFER O	F APPROPRI	ATION AS LIS	TED BELOW:		
		CODES		AMOUNT		DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		See attache	
FROM	See attached ATR	See attached ATR	See attached ATR	See attached ATR		
то		See attached ATR		See attached ATR	See attached	
Justification				opriated Measure K ency to address the o		support the program needs of the end homelessness.
DEPARTMEN	$\left  \right $	Signed by:			<b>DATE</b> 2/28	3/2023
		86CA2A547D	Four-Fifths Vot	e Required		pard Action Not Required
Remarks:	notion require					
COUNTY CON	<u></u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	ocuSigned by:			<b>DATE</b> 2/28	2/2023
		d	Approve as Rev	visod		isapproved
Remarks:	ve as Requeste			Vised		isappioved
		Signed by:			- /	
COUNTY EXE		A10C3C9341B			DATE 2/28,	
D				BOARD OF S		
	BOARI			F SAN MATEO, ST ISFERRING FUND		FORNIA
		RES	OLUTION NO.			
RES	OLVED, by the B	oard of Supervis	ors of the Count	y of San Mateo, t	hat	
				e Request for App as described in s	•	
				Request as to acc as set forth here		available balances, and
				TERMINED that t orth in said Requ		dations of the County d.
Reg	ularly passed a	nd adopted thi	S	_day of		20
AYE	S and in favor	of said resoluti	on:	NOES and	against said	resolution:
Supervisors	S:			upervisors:		
			Ab	pervisors:		
A + + =					t, board o Jnty of Sai	F SUPERVISORS N MATEO
ATTEST:	Clerk of	Said Board				

			F SAN MATEO ON TRANSFEI		REQUEST NO.	
DEPARTMENT	r /ices agency				DATE: 1/20/2023	
		OF APPROPR	IATION AS LIS	STED BELOW:	1/20/2025	
<b>..</b>		CODES				
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only	AMOUNT	DESCRIPTION	
	74251	1135	HSAPI	325,000	Sales and Use Tax Revenue	
FROM	74251	5858	HSAPI	325,000	Other Professional Contract Sv	
	75103	1135	HSAHI	325,000	Sales and Use Tax Revenue	
то	75103	4128	HSAHI	215,919	Salary Adjustment	
	75103	4629	HSAHI	109,081	Benefit Adjustment	
. 🗆 Board emarks:	d Action Requir	ed 🗌	Four-Fifths Vot	e Required	X Board Action Not Require	
OUNTY CO		ATE				
	ove as Request	ed 🗌	Approve as Re	vised	DATE Disapproved	
		ed 🗌	Approve as Re	vised		
Cemarks:	ove as Requesto				Disapproved DATE	
emarks:	ove as Requesto				Disapproved	
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Cemarks:	ove as Request NAGER DO NOT WRIT	<b>E BELOW TH</b> D OF SUPERVIS R	IIS LINE – FOR SORS, COUNTY OI	<b>BOARD OF SU</b> SAN MATEO, ST NSFERRING FUND	Disapproved DATE DESCRIPTION DATE DESCRIPTION DESCRIPT	
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