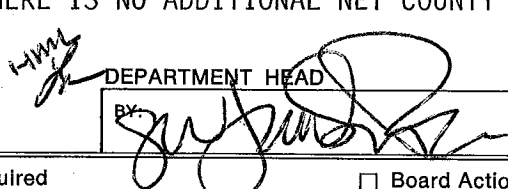
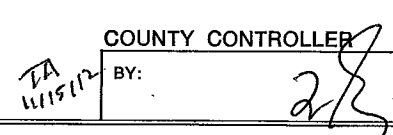
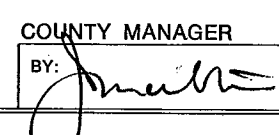


COUNTY OF SAN MATEO				REQUEST NO. ATR 13 007
APPROPRIATION TRANSFER REQUEST				
DEPARTMENT HEALTH SYSTEM - AGING AND ADULT SERVICES				DATE 10/3/2012
1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:				
	C O D E S			
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From	57071	1952	46,340.00	FEDERAL AID - AGING
To	57071	6169	46,340.00	PSP-AGING AND ADULT
Justification. (Attach Memo if Necessary) TO RECOGNIZE ADDITIONAL FUNDS FROM CALIFORNIA DEPARTMENT OF AGING FOR HICAP PROGRAM PER AMENDMENT NO. 1, AGREEMENT NO. HI-1213-08. THERE IS NO ADDITIONAL NET COUNTY COST AS RESULT OF THIS ATR.				
DEPARTMENT HEAD BY: 				DATE 11/3/12
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required				
Remarks:				
COUNTY CONTROLLER BY: 				DATE 11/16/12
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapprove				
Remarks:				
COUNTY MANAGER BY: 				DATE 11-26-12

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 _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

Absent Supervisors: _____

ATTEST:

CHAIRMAN, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

Clerk of Said Board

DISTRIBUTION:	
WHITE	— BOARD OF SUPERVISORS
GREEN	— CONTROLLER
CANARY	— COUNTY MANAGER
PINK	— DEPARTMENT
GOLDENROD	— TREASURER