

COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST

REQUEST NO.
ATR 13 003

DEPARTMENT
PUBLIC AUTHORITY

DATE
10/9/2012

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	58210	1684	519,573.00	REALIGNMENT SALES TAX - PUB ASST
	58210	1913	499,198.00	FEDERAL - IHSS
To	58210	5611	1,018,771.00	BLANKET INSURANCE PREMIUMS

Justification. (Attach Memo if Necessary) FOR FY2012-2013, THERE IS A PROJECTED INCREASE IN INDEPENDENT PROVIDERS' HEALTH PREMIUM BY \$1,018,771 (FROM \$195.31 TO \$303.00 PER SLOT, PER MONTH). THIS ATR RECOGNIZES THE COUNTY'S SHARE IN THE CORRESPONDING INCREASE IN COST OF IP HEALTH PREMIUM WHICH WILL BE OFFSET BY ADDITIONAL FEDERAL IHSS REVENUE AND REALIGNMENT FUNDING OUT OF THE PA REALIGNMENT TRUST FUND. THERE IS NO NET COUNTY COST.

DEPARTMENT HEAD

BY:

DATE

10/15/12

2. ☐ Board Action Required

☒ Four-Fifths Vote Required

☐ Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY:

DATE

10/16/12

3. ☐ Approve as Requested

☐ Approve as Revised

☐ Disapprove

Remarks:

COUNTY MANAGER

BY:

DATE

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