COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST

REQUEST NO. ATR16 - 001

HEALTH SYSTEM – BEHAVORIAL HEALTH AND RECOVERY SERVICES (6100B)

07/22/15
FY2015-16

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES		AMOUNT	DESCRIPTION
	FUND OR ORG	ACCOUNT		
FROM	61729	1135	$1,000,000	AoD Contracts / Measure A
TO	61729	6163	$1,000,000	AoD Contracts / PSP-Alcohol/Drug Treatment Services

Justification (Attach Memo if Necessary):
See Board Memo

DEPARTMENT HEAD SW DATE 7/17/15

2. ☐ **Board Action Required** ☒ **Four-Fifths Vote Required** ☐ **Board Action Not Required**

COUNTY CONTROLLER DATE 7/24/15

3. ☒ **Approve as Requested** ☐ **Approve as Revised** ☐ **Disapproved**

COUNTY MANAGER DATE 7.28.15

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 _____. 20____

Ayes an in favor of said resolution:
Supervisors: _____

Noes and against said resolution:
Supervisors: _____

Absent
Supervisors: _____

_____
PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST: _____
Clerk of Said Board

DISTRIBUTION: Board of Supervisors – Controller – County Manager –Department - Treasurer