

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR15-011
DEPARTMENT: HEALTH SYSTEM				DATE: 11/10/14
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES			
	FUND OR ORG	ACCOUNT	AMOUNT	DESCRIPTION
FROM	61401	1135	\$115,000	Measure A Funds
TO	61401	5875	\$115,000	Contracted Services
Justification (Attach Memo if Necessary): This ATR transfers the appropriation for Measure A from General Funds to BHRS. BHRS will fund contracted Clubhouse Model program start up services.				
DEPARTMENT HEAD			DATE	
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			DATE	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
Remarks:				
COUNTY MANAGER			DATE	
DO NOT WRITE BELOW THIS LINE – FOR BOARD OS 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: _____

ATTEST: _____
Clerk of Said Board

Noes and against said resolution:
Supervisors: _____
Absent _____
Supervisors: _____

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO