COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST  DEPARTMENT: HEALTH SYSTEM – HEALTH COVERAGE UNIT						REQUEST NO.  ATR 15 - 007  DATE: 10/3/2014								
								1. REQUES	t transfer (	OF APPROP	riation as lig	STED BELOW:		
									COI	DES				
	FUND OR ORG	ACCOUNT	AMOUNT		DESCR	IPTION								
	55137	1751	\$300,000	State Public	State Public Health Grant									
FROM														
		,												
то	55137	4128	\$35,000	Regular pay adjustments										
	55137	5856	\$265,000	Contract Sp	Contract Special Program Services									
Justification	   (Attach Memo	if Naccess												
will allow for a This increase County Cost a DEPARTMEN	a \$35,000 increas sets up an appro as the result of th	se in salaries a priation to be is Appropriation	nd benefits and \$20	65,000 increase Health Coverage t.	in Contract Spe Unit. There is I	. The additional revenue cial Program services. no change to the Net								
		J			T									
COUNTY CONTROLLER Men Vary					DATE 10-27-14									
Remarks:	ove as Request	eu <b>u</b>	Approve as Re	viseu	u Dis	sapproved								
COUNTY MANAGER					DATE 10.29.14									
/c	NOT WRIT	E BELOW TI	HIS LINE - FOR	BOARD OS S										
1	) Boar		SORS, COUNTY OF RESOLUTION TRAN			DRNIA								
RESOLUTION NO.														
RES	SOLVED by the B		visors of the County											
WH	EREAS, the Depa	rtment herein	above named in the er of certain funds	e Request for Ap	propriation, Allo									
			nas approved said R Insfer of funds as se			ailable balances, and the								
			ORDERED AND DE r of funds as set for			ations of the County								
Regularly passed and adopted this				_day of		20								
Ayes an in favor of said resolution: Supervisors:					against said re	solution:								
				sent pervisors:		<del></del>								
ATTEST:		Said Board			IT, BOARD OF UNTY OF SAN	SUPERVISORS MATEO								