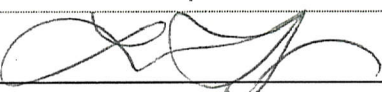

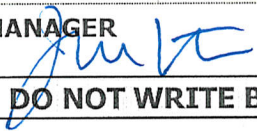


COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR18-028
COUNTY MANAGER'S OFFICE AND HEALTH SYSTEM/ BEHAVIORAL HEALTH AND RECOVERY SERVICES (6100B)				DATE: 1/8/18
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES			
	FUND OR ORG	ACCOUNT	AMOUNT	DESCRIPTION
FROM	80120	8612	\$250,000	Non-Departmental ERAF Reserves
	61706	8142	\$250,000	Intrafund Transfers
TO	61706	4128	\$33,476	Part time staff funding
	61706	5856	\$216,524	Consultant and media contracts
	80110	5918	\$250,000	Non-Departmental Services – Other Special Health Expense
Justification (Attach Memo if Necessary): This Appropriation Transfer Request provides net county cost to fund new education and outreach services will be provided to prevent youth access and exposure to marijuana. Funding will be for a .5 FTE and contracted services for FY 2017-18 as approved by the Board of Supervisors on December 12, 2017.				
DEPARTMENT HEAD 				DATE 1/16/18
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required				
COUNTY CONTROLLER 				DATE 2/21/18
3. <input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
COUNTY MANAGER 				DATE 2.22.18
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: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

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