

COUNTY OF SAN MATEO			REQUEST NO. ATR 11 014	
APPROPRIATION TRANSFER REQUEST				
DEPARTMENT Health Systems - Aging and Adult Services			DATE 11-30-10	
1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:				
	C O D E S			
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From				
	57073	1767	48,876.00	State Aid-Aging
To				
	57073	6169	48,876.00	PSP-Aging and Adult
Justification. (Attach Memo if Necessary) To recognize additional funds from California Department of Aging for Title III/VII programs Amendment No. 1, Agreement No. AP-1011-08. There is no additional net county cost as result of this ATR.				
			DEPARTMENT HEAD BY: <i>[Signature]</i> DATE: 12/20/10	
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 BY: <i>[Signature]</i> DATE: 12/27/10	
3. <input checked="" type="checkbox"/> Approve as Requested <input checked="" type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapprove				
Remarks:				
			COUNTY MANAGER BY: <i>[Signature]</i> DATE: 1/13/2011	

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. 071235

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 25TH day of JANUARY, ~~2010~~ 2011.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____
CAROLE GROOM
DON HORSLEY
ROSE JACOBS GIBSON
ADRIENNE J. TISSIER

Supervisors: NONE
Absent Supervisors: NONE

ATTEST:

Carole Groom

PRESIDENT ~~BOARD~~, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

[Signature]
Clerk of Said Board

Certificate of Delivery
(Government Code Section 25103)
I certify that a copy of the original document filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.

[Signature]
Deputy Clerk of the Board of Supervisors

071235

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County of San Mateo
Health Services Agency

ATR/AER Form

Page 1 of 1

Controller's ATR Number

Department: Health Systems
Division: Aging & Adult Services

Type of Transaction: ☒ ATR ☐ AER
Status of Transaction: ☒ One-Time ☐ On-Going

Title: Title III/VII Amendment No. 1 FY 2010-11

Justification: To recognize additional funds from California Department of Aging for Title III/VII programs Amendment No. 1, Agreement No. AP-1011-08. There is no additional net county cost as result of this ATR.

TO BP:	57000	Total:	48,876.00
FROM BP:	57000	Total:	48,876.00
		Net Change:	0.00

From/To	Subobject	Account Description	Transfer Amt.
57073	6169	PSP-Aging & Adult	48,876.00
		Appropriation Total	48,876.00
57073	1767	State Aid-Aging	48,876.00
		Revenue Total	48,876.00
		Net County Cost	0.00

071235