

COUNTY OF SAN MATEO				REQUEST NO. ATR 10 020	
APPROPRIATION TRANSFER REQUEST					
DEPARTMENT Health System - Family Health Services 62403				DATE 12/29/09	
1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:					
	C O D E S				
	FUND OR ORG.	ACCOUNT	AMOUNT		DESCRIPTION
From	62420	1753	158,396   00		State Aid - WIC
To	62420	4111	48,396   00		Regular Hour - Perm Positions
	62420	5969	110,000   00		Other Special Dept Expense
Justification. (Attach Memo if Necessary)					
To recognize funds from the California Department of Public Health Women, Infants and Children for increased caseload work. There is no additional Net County Cost as a result of this ATR.					
				DEPARTMENT HEAD	
				BY: <i>[Signature]</i>	DATE 30 Dec 09
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 1/1/09
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapprove					
Remarks:					
				COUNTY MANAGER	
				BY: <i>[Signature]</i>	DATE 1/19/10

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BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. 070606

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 26TH day of JANUARY, 2010

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: MARK CHURCH  
CAROLE GROOM  
RICHARD S. GORDON  
ROSE JACOBS GIBSON  
ADRIENNE J. TISSIER

Supervisors: NONE  
  
Absent  
Supervisors: NONE

ATTEST:

*[Signature]*  
Clerk of Said Board

*[Signature]*  
PRESIDENT ~~OF THE~~ BOARD OF SUPERVISORS  
COUNTY OF SAN MATEO

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

070606

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