

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR 9 032

DEPARTMENT
5800B PUBLIC AUTHORITY

DATE
2/10/09

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	58210	1684	589,138 00	REALIGNMENT SALES TAX - PUB ASST
	58210	1713	48,184 00	STATE - IHSS
To	58210	6142	637,322 00	INDIVIDUAL PROVIDER PAY - IHSS

Justification. (Attach Memo if Necessary) FOR FY2008-2009, THERE IS A PROJECTED INCREASE IN INDEPENDENT PROVIDERS HOURS BY 266,948 (FROM 3,813,542 TO 4,080,490). THIS ATR RECOGNIZES THE COUNTY'S SHARE IN THE CORRESPONDING INCREASE IN COST OF IP WAGES WHICH WILL BE OFFSET BY ADDITIONAL STATE IHSS REVENUE AND REALIGNMENT FUNDING OUT OF THE PA REALIGNMENT TRUST FUND.

DEPARTMENT HEAD

BY: *[Signature]*

DATE
3/6/09

2. ☐ Board Action Required

☒ Four-Fifths Vote Required

☐ Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]*

DATE
3/3/09

3. ☒ Approve as Requested

☐ Approve as Revised

☐ Disapprove

Remarks:

COUNTY MANAGER

BY: *[Signature]*

DATE
3/19/09

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

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. 070002

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 31ST day of MARCH, 2009

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

PRESIDENT

[Signature]
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

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070002

