	•	ľ	COUNTY	OF SAN MAT TRANSFER			REQUEST NO.	16
DEPART		h Systems - Ag	ing and Adult			<u> </u>	DATE 11-30-10	
1. RE			PRIATIONS AS LIS	TED BELOW:				
	C 0	DES		<u> </u>		·		
	FUND OR ORG.		AMOUNT		D	ESCRIPTION		
			I					
From	57071	1952	28,183 00	Federal Aid-	Aging			
	0/0/1	1352	20,105 00		Aging			
То	57071	6169	28,183 00	PSP-Aging an	d Adult			
пю	AP programs	emoifNecessary) To per Amendment result of this	recognize addit No. 1, Agreemen s ATR.	ional funds f t No. HI-1011	rom Califo -08. There DEPARTMENT	rnia Depart is no addi	ment of Aging tional net	for
					Time	518	12pi	<u>(/10</u>
_	Board Action Req narks:	uired	N Four-Fifths	Vote Required	\smile	🗋 Boa	rd Action Not Require	ŕ
					COUNTY CONT	ROLLER		
				12 Marsh	BY:		DATE	-li e
3. 🖬	Approve as Reque	ested	Approve as	Revised	I	🗌 Disappi	ove	<u>// C</u>
Rer	narks:				COUNTY MAN			
					BY:		DATE	
				······································	410		·// <i>13f</i>	30d
	D	O NOT WRITE BI	ELOW THIS LINE -	- FOR BOARD	OF SUPERV	ISORS' USE	ONLY	
	B	OARD OF SUPER	VISORS, COUNTY	OF SAN MATE	O, STATE O	F CALIFORN	IA	
			RESOLUTION T					
			RESOLUTION N	o. <u>071237</u>	7			
	RESOLVED,	by the Board of S	upervisors of the C	ounty of San Mat	teo, that			
ha	WHEREAS, t	the Department he	reinabove named in n funds as described	the Request for	Appropriation	n, Allotment o	r Transfer of Fund	S
	WHEREAS,	the County Contro	ller has approved sa the transfer of fun	aid Request as to	o accounting	and available	balances, and the	е
	NOW, THER	EFORE, IT IS HER	EBY ORDERED AN	D DETERMINED	that the recor	mmendations	of the County Man	1-
ag			sfer of funds as set		•		-	
	Regularly pa	assed and adopted	this <u>25TH</u>	day ofJANUA	<u>.KY</u>	, @ 2011	:•	
	Ayes and in	favor of said reso	olution:	Noes	and against s	aid resolution	ו:	
Su	pervisors:			_ Supervisor	s: <u>NON</u>	E		
		CAROLE GROOM	1	-	<u> </u>			-
		ROSE JACOBS	CIBSON	Absent Supervisor	s: <u></u> <u>NON</u>]	E		_
		ADRIENNE J.	······································	_				
			11001.5.	_			المر ا	
		······		(ample gm	10-		
Aſ	TEST:	S BA		RESIDENT,		ARD OF SUP OF SAN MA		
 C4—1/7		of Said Board	(Governmen I certify that a copy of the Office of the Clark San Mateo Coun President of the Caute	k of the Board of Sup hy has been delivered he Board of Supervis)3) ent filed in pervisors (d to the sors.	DISTRIBUTION: WHITE GREEN CANARY PINK	- BOARD OF SUPERVISO - CONTROLLER - COUNTY MANAGER - DEPARTMENT - TREASURER	RS

County of Sa Health Servi		*						•		
ATR/AER Fo									ſi	Page 1 of 1
Controller's	ATR Number								-	
Department:		Health Systems								
Division:	/	Aging & Adult Sei	rvices					<u> </u>		
Type of Tran Status of Tra			X	ATR	X	One-Tim	e	AER		On-Going
Title:	HICAP Amendme	nt No. 1 FY 2010-	-11							
Justification:	Agreement No.								rograms p	er Amendment No. 1
TO BP:	57000									
FROM BP:	57000		Ne	Tot Tot t Change		28,183. 28,183. 0.				
	57000 Subobject			Tot	al:	28,183.	00			Transfer Amt.
	Subobject		Acco	Tot t Change	al: ription	28,183.	00		·	Transfer Amt. 28,183.00
From/To	Subobject		Acco	Tot t Change unt Descr	al: ription & Adult	28,183.			·	
From/To	Subobject		Accor	Tot t Change unt Descr	al: ription & Adult	28,183 0; 				28,183.00
From/To 57071	Subobject		Accor	Tot t Change unt Descr P-Aging	al: ription & Adult -Aging	28,183 0	00 00 on Total			28,183.00 28,183.00 28,183.00
	Subobject		Accor	Tot t Change unt Descr P-Aging	al: ription & Adult -Aging	28,183 0; 	00 00 on Total			28,183.00