

COUNTY OF SAN MATEO  
APPROPRIATION TRANSFER REQUEST

REQUEST NO.  
ATR 10 008

DEPARTMENT Health System - Aging and Adult Services DATE 10-26-09

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57071	1952	11,993   00	Federal Aid-Aging
To	57071	6169	11,993   00	PSP -Aging and Adult

Justification. (Attach Memo if Necessary)

To recognize additional funds from the California Department of Aging for the Medicare Improvement for Patient and Provider Act Programs per Agreement No. MI-0910-08. There is no additional net county cost as a result of this ATR.

DEPARTMENT HEAD

BY: *[Signature]*

DATE 11/5/09

2. ☐ Board Action Required

☒ Four-Fifths Vote Required

☐ Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]*

DATE 11/5/09

3. ☒ Approve as Requested

☐ Approve as Revised

☐ Disapprove

Remarks:

COUNTY MANAGER

BY: *[Signature]*

DATE 11/19/09

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. 070529

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 1ST day of DECEMBER, 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

*[Signature]*  
PRESIDENT, ~~BOARD OF SUPERVISORS~~ 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

070529

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