<u>.</u>			0011177				REQUEST	NO.
			APPROPRIATION	OF SAN MAT Transfer			ATK 10	006
DEPARTA	IENT Health	System - Comm	mity Health				DATE 10-06-	-09
1. RE		<u></u>	OPRIATIONS AS LIS	TED BELOW:				
	C (O D E S]				
	FUND OR OR		AMOUNT		DES	CRIPTION		
	see a	ttached	1	see atta	ched			
From	-						· · · · · · · · · · · · · · · · · · ·	
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То			1		••••			
t	landa (Attach	Many it Nanagara						
JUSTITI	-	Memo if Necessery)						
			om California Depa s programs and M1M					
			Cost as a result			_		
			_		DEPARTMENT HE	:AU	r	<u>₩</u>
			<u> </u>	N	The way			17/13/00
	Board Action R marks:	lequired	Four-Fifths	s Vote Required ()		∏ Roeto	I Action Not Re	equirea
			•	\l.	COUNTY CONTR	OLLER /		
)			(M)	BY:	a/S	la la	DATE OF TO
3.	Approve as Rec	quested	☐ Approve a	s Revised	<u></u>	☐ Disappro	ve	//
Re	marks:				COUNTY MANAG	/ //	}	
					BY:		ı	DATE /
					1 1/0% J.		/ ، د	10/29/09
		DO NOT WRITE	BELOW THIS LINE .	— FOR BOARD	OF SUPERVIS	SORS' USE	ONLY	
		BOARD OF SUP	ERVISORS, COUNTY	OF SAN MATI	EO, STATE OF	CALIFORNI	A	
			RESOLUTION T	RANSFERRING	FUNDS			
			RESOLUTION N	vo. <u>07050</u>	6			
	RESOLVE	D, by the Board o	f Supervisors of the C	County of San Ma	ateo, that			
he			hereinabove named in tain funds as describe			Allotment or	Transfer of	Funds
110	-		troller has approved s			nd available	balances, a	ind the
C			ded the transfer of fu					
	•	-	EREBY ORDERED AN				of the Count	y Man-
ą	• • •		ransfer of funds as se ted this <u>10TH</u>		-			
0.	-	in favor of said re		•	s and against sa ors: NONE	lia resolution	:	
Si	upervisors:	CAROLE GROO		Superviso	ors: <u>Hone</u>			
	,	RICHARD S.		Absent				
		ROSE JACOBS	GIBSON	Superviso	ors: NONE			
		ADRIENNE J.	TISSIER					
				_111	·			
Δ.	TTEST:		p	RESIDENT,	mi c	MUC		
,	D	MASM		· •	•	ARD OF SUP OF SAN MA		
<u></u>	Clei	rk of Said Board	(Government (ate of Delivery Code Section 25103	3)	۲	HURUE	.
			I certify that a copy of the Office of the Clerk	of the Board of Supe	ervisors (DIS	TRIBUTION:	70506	
C4—1/	777		San Mateo County	has been delivered Board of Superviso	to the	BREEN - CANARY -	- BOARD OF SUI - CONTROLLER - COUNTY MANA	
			Mario S	Lottono		PINK -	- DEPARTMENT - TREASURER	
			Det: Jane 1	" Julie Out Sandie	stou.			2920-2

2920-2

Department: Health System - Community Health Date: October 6, 2009

1. Request Transfer of Appropriations as listed below:

		CODES		
	Fund or Org	Account	Amount	Description
FROM	62050	1872	110,912	State Aid - Anti Terrorism
	62050	1942	<u>599,098</u>	Federal Aid - Anti Terrorism
			710,010	
то	62050	4161	308.360	Extra Help Hours - Reg pay
	62050	5163		Laboratory Supplies
	62050	5164		Medical Tools & Instruments
	62050	5165	55,996	Medical/Dental Supplies
	62050	5188	14,981	Other Misc Expenses
	62050	5191	75,000	Outside Printing Y Copy Svc
	62050	5193	900	General Office Supplies
	62050	5199	696	Other Office Expense
	62050	5833	6,000	Contract Security Services
	62050	5841	70,000	Contract Data Processing (ISD)
	62050	5856	<u>104,008</u>	Contract Special Program Svcs
			710,010	

Justification: To recognize additional funds from California Department of Public Health for Public Health emergency preparedness programs and HINI response per Agreement EPO 09-41. There is no additional Net County Cost as a result of this ATR.