

COUNTY OF SAN MATEO				REQUEST NO. <i>ATR 19-019</i>
APPROPRIATION TRANSFER REQUEST				
DEPARTMENT SAN MATEO MEDICAL CENTER				DATE 1/11/2019
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	C O D E S			
	FUND OR ORG.	ACCOUNT	AMOUNT	DESCRIPTION
From	66709	7312	\$ 750,000	Capital expenses - Software
To	66705	7546	\$ 750,000	Capital expenses - DPW
Justification. (Attach Memo if Necessary) To address for various ligature risk projects at San Mateo Medical Center (SMMC) identified by third party accreditation body, The Joint Commission (TJC) and organizational regulatory consultant, Mr. Scott Anderson. See attached memo for detail.				
			DEPARTMENT HEAD BY: DATE: 1/23/19	
2. Board Action Required Four-Fifths Vote Required <input checked="" type="checkbox"/> Board Action Not Required Remarks:				
			COUNTY CONTROLLER BY: DATE: 2/4/19	
3. Approve as Requested Approve as Revised Disapprove Remarks:				
			COUNTY MANAGER BY: DATE: 2/5/19	

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

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

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 _____ day of _____, 20____

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

Absent

Supervisors: _____