COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST

REQUEST NO.

DEPARTMENT: NON-DEPARTMENTAL SERVICES

DATE: 05/28/20

1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:

	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	80511	1941		$68,700,000	Federal Aid – Disaster Relief
TO	80511	5165		$25,000,000	Medical / Dental Supplies
	80511	5212		$3,500,000	Computer Equipt under $5000
	80511	5811		$2,500,000	Contract Ambulance Service
	80511	5824		$20,000,000	Contract Special Medical Svc
	80511	5833		$2,000,000	Contract Security Services
	80511	5858		$10,700,000	Other Professional Contract Sv.
	80511	5925		$5,000,000	Emergency Assistance Expense

Justification (Attach Memo if Necessary):
See attached memorandum.

DEPARTMENT HEAD _(signed)_   DATE 5/28/20

2. ☑ Board Action Required   ☑ Four-Fifths Vote Required   ☐ Board Action Not Required
Remarks:

COUNTY CONTROLLER _Kim Anh Le EOC - FINANCE_   DATE 5/29/2020

3. ☐ Approve as Requested   ☐ Approve as Revised   ☐ Disapproved
Remarks:

COUNTY MANAGER _(signed)_   DATE 5/29/20

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. _____

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: _____
_____

_____

_____

_____
PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO

ATTEST: _____
                Clerk of Said Board

DISTRIBUTION: Board of Supervisors – Controller – County Manager –Department - Treasurer