COUNTY OF SAN MATEO REQUEST NO. **APPROPRIATION TRANSFER REQUEST DEPARTMENT:** DATE: 2/23/2021 COUNTY MANAGER'S OFFICE 1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW: **CODES AMOUNT** DESCRIPTION JL ORG CODE ACCOUNT **FUND or ORG** Measure K only 80110 5927 \$45,000 Program Activities Expense (Non-FROM Departmental) 62050 5969 (Health - EMS - Program Performance) \$30,000 62422 5726 \$10,000 (Health, Family Health - Customer Service) TO 40411 5927 \$2,500 (Office of Sustainability -Green) 13100 5953 \$2,500 Assessor - County Clerk-Recorder & Elections (ACRE) Green Justification (Attach Memo if Necessary): STARS Program. See Board Memo for details. **DEPARTMENT HEAD** DATE 0/3/21 2. M Board Action Required **Four-Fifths Vote Required Board Action Not Required** Remarks: **COUNTY CONTROLLER** DATE 3. 🖾 Approve as Requested Approve as Revised Disapproved Remarks: COUNTY MANAGER DATE 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__ AYES and in favor of said resolution: NOES and against said resolution: Supervisors: _ Supervisors:_ **Absent** Supervisors: ___ PRESIDENT, BOARD OF SUPERVISORS