REQUEST NO. **COUNTY OF SAN MATEO** ATR21-064 APPROPRIATION TRANSFER REQUEST April 15, 2021 FAMILY HEALTH SERVICES (6240B) 1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW: CODES DESCRIPTION AMOUNT JL ORG CODE Measure K only FUND or ORG ACCOUNT State PH Categorical Aid 62411 1758 \$1,090,266 FROM Regular Pay Adjustments \$711,440 62411 4128 Contract Special Program \$378,826 62411 5856 Services TO Justification (Attach Memo if Necessary): See attached memo DATE DEPARTMENT HEAD Four-Fifths Vote Required □ Board Action Not Required 2. Board Action Required Remarks: DATE **COUNTY CONTROLLER** Approve as Revised Disapproved 3. Approve as Requested Remarks: DATE COUNTY MANAGER 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_ Noes and against said resolution: Aves an in favor of said resolution: Supervisors: Supervisors: Supervisors: _ PRESIDENT, BOARD OF SUPERVISORS COUNTY OF SAN MATEO

Clerk of Said Board

ATTEST: