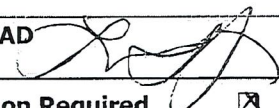
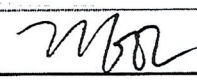



<b>COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST</b>				REQUEST NO. <b>ATR 21-067</b>
				DATE: 04/26/2021
<b>1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:</b>				
	<b>CODES</b>		<b>AMOUNT</b>	<b>DESCRIPTION</b>
	<b>FUND OR ORG</b>	<b>ACCOUNT</b>		
<b>FROM</b>	62220	1871	\$5,066,547	All Other State Aid
<b>TO</b>	62220	4128	\$3,230,515	Regular Pay Adjustments
	62220	5858	\$1,836,032	Other Professional Contract Sv
<b>Justification (Attach Memo if Necessary):</b> To accept funds from the California Department of Public Health and to take over the testing expenses from CMO's as of March 1, 2021.				
DEPARTMENT HEAD 			DATE <b>5/19/2021</b>	
<b>2.</b> <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required				
COUNTY CONTROLLER 			DATE <b>5/20/2021</b>	
<b>3.</b> <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved				
COUNTY MANAGER 			DATE <b>5/20/21</b>	
<b>DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY</b>				

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 an in favor of said resolution:  
Supervisors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Noes and against said resolution:  
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