## REQUEST NO. **COUNTY OF SAN MATEO** APPROPRIATION TRANSFER REQUEST ATR 22-012. DATE: 11/09/2021 DEPARTMENT: 5510B HEALTH COVERAGE UNIT 1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW: **CODES AMOUNT** DESCRIPTION JL ORG CODE **FUND** or **ORG** ACCOUNT Measure K only \$1,519,650 All Other Foundation Grants 2655 55137 FROM \$1,519,650 Refund-Prior Year Revenue 55137 5184 TO Justification (Attach Memo if Necessary): See attached. Return of funds to original funders of the Children's Health Initiative: Sequoia Health Care District (\$1,004,400); Peninsula Health Care District (\$343,500); First 5 (\$171,750). DATE 10/26 DEPARTMENT HEAD 2. Board Action Required Four-Fifths Vote Required **Board Action Not Required** Remarks: DATE **COUNTY CONTROLLER** 28/21 Disapproved Approve as Revised 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. \_. 20\_\_ Regularly passed and adopted this Noes and against said resolution: Ayes an in favor of said resolution: Supervisors:\_ Supervisors: Absent Supervisors: PRESIDENT, BOARD OF SUPERVISORS **COUNTY OF SAN MATEO** ATTEST: Clerk of Said Board