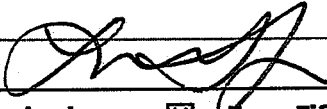
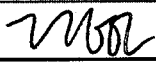



COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR 22-014
DEPARTMENT: 5510B HEALTH COVERAGE UNIT				DATE: 11/09/2021
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:				
	CODES		AMOUNT	DESCRIPTION
	<small>FUND or ORG</small>	<small>ACCOUNT</small>		
FROM	55137	2655	\$415,000	All Other Foundation Grants
TO	55137	6265	\$415,000	Misc Other Contributions
Justification (Attach Memo if Necessary): See attached				
DEPARTMENT HEAD 			DATE 10/27/21	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:				
COUNTY CONTROLLER 			DATE 10/28/2021	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:				
COUNTY MANAGER 			DATE 11/9/21	
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 an in favor of said resolution:
Supervisors: _____

Noes and against said resolution:
Supervisors: _____
Absent
Supervisors: _____

ATTEST: _____
Clerk of Said Board

PRESIDENT, BOARD OF SUPERVISORS
COUNTY OF SAN MATEO