

1691751

SANTA FE COUNTY

RESOLUTION 1999 - 121

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on September 28, 1999, did request the following budget adjustment:

Department / Division: Health & Human Services / MCH Program Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0000	385	0100 0600	Budgeted Cash / General Fund	5,000	
TOTAL (if SUBTOTAL, check here)					5,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1503	462	5003	Contractual Services / Professional Services	5,000	
TOTAL (if SUBTOTAL, check here)					5,000	

Requesting Department Approval: Andrew D. Chang Title: HHSD Director Date: 9-20-99
 Finance Department Approval: Katherine Mills Date: 9-22-99 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 9-28-99

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Andrew Chavez Dept/Div: Health & Human Services Phone No.: 986-6375

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.
This request is for a budget increase in the Maternal & Child Health Program to budget cash balance from a grant received from The Frost Foundation during FY99. The grant was budgeted in FY99 but no money was expended. The \$5,000 will be used to pay for training meetings for the home visitation program to prevent child abuse in Santa Fe County.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
At the time the Fiscal Year 2000 Operating Budget was prepared, it was not anticipated that these funds would not be expended before the end of FY99.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is non-recurring for Fiscal Year 2000.
- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, cite statute and attach a copy.
This request is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

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SANTA FE COUNTY

RESOLUTION 1999 - 121

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Andrew Chavez Dept/Div: Health & Human Services Phone No.: 986-6375

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation. This request is not the result of Commission action.

 - d) Please identify other funding sources that can be used to match this request. There are no other funding sources for this request.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for. This request does not impact the Capital Purchases category.

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source. There is no FTE impact with this request.

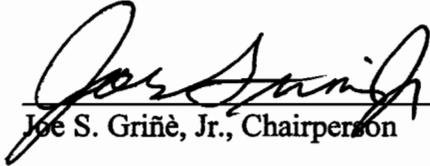
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SANTA FE COUNTY
RESOLUTION 1999 - 121

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of September, 1999.

Santa Fe Board of County Commissioners


Joe S. Grifè, Jr., Chairperson

ATTEST:


Rebecca Bustamante, County Clerk



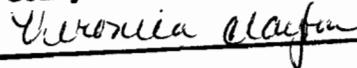
Approved As To Form.

By 
Denice Brown, County Attorney



COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO 1091 1845
I hereby certify that this instrument was filed
for record on the 29 day of Sept A.D.
19 99, at 10:15 o'clock P m
and was duly recorded in book 1091,
page 751 - 754 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy