

# SANTA FE COUNTY

## RESOLUTION 2002 - 136

2248559

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

Whereas, the Board of County Commissioners meeting in regular session on October 29, 2002, did request the following budget adjustment:

Department / Division: Community Health and Development Dept./Community Health Fund Name: MCH Program

Budget Adjustment Type: Budget Decrease

Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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	0403	371	90-00	State Funds/Other		10,506
101	0301	390	03-00	Operating Transfer In/Finance Department		946
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>11,452</b>

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	<del>0403</del>	462	50-03	Professional Services		9,560
101	<del>0403</del>	490	01-00	Operating Transfers Out		946
101	0301	412	10-90	Other Wages		946
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>11,452</b>

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya by [Signature]* Title: Director Date: 10/02/02

Finance Department Approval: [Signature] Date: 10/22/02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 10/22/02

2248560

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/MCH Program

Phone #: 992-3056

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 reduces the MCH Program budget by \$ 10,506.00. As a result of the reduction, a reduction is also being made to the amount of money being transferred to the SF County Finance Department and the corresponding expense within the Department.

This request is necessary because the NM Department of Health has reduced the MCH Program grant award by \$ 10,506. The amendment to the contract was received by the CHD Department on 10/01/02 from the MCH Program Coordinator.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

The CHD Department received the amendment to the NM DOH contract on 10/02/02.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This budget increase and the resulting expenditures are non-recurring. There is no future funding impact.

- 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 contains state funding:

State Grant Name: Maternal and Child Health	State Grant Number	: 03/665.4200.0033
Award Date : 07/01/02	Amount	: \$ 187,614 (Initial) \$ 177,108 (Amended Amount)

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This grant does not include federal funding

2248561

SANTA FE COUNTY

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/MCH Program

Phone #: 992-3056

**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 action is not a result of direct commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other funds available to match 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.  
This request has no FTE impact, and there is no future funding impact.

2248562

SANTA FE COUNTY

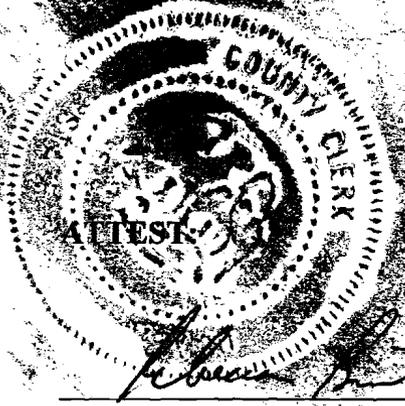
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29<sup>th</sup> Day of October, 2002.

Santa Fe Board of County Commissioners

*[Signature]*  
Paul Duran, Chairperson



*[Signature]*  
Rebecca Bustamante, County Clerk

Approved As To Form.

*[Signature]*  
Steven Kopelman, County Attorney



1231 132  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO } ss  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 30 DAY OF OCT A.D.  
20 02 AT 0:32 O'CLOCK 2748 AM  
AND WAS DULY RECORDED IN BOOK 559-562  
PAGE 559-562 OF THE RECORDS OF  
SANTA FE COUNTY  
WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
*[Signature]*  
DEPUTY