

SANTA FE COUNTY

RESOLUTION 2002 - 140

2248575

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: NM DOH IHI Grant

Budget Adjustment Type: Budget Increase

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	0426	371	05-00	State/Department of Health	27,500	
TOTAL (if SUBTOTAL, check here)					27,500	

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	0426	465	10-26	Term Employees	5,050	
101	0426	465	20-01	FICA (Regular)	277	
101	0426	465	20-02	FICA (Medicare)	65	
101	0426	465	20-03	Retirement Contributions	858	
TOTAL (if SUBTOTAL, check here x)					6,250	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 10/09/02

Finance Department Approval: [Signature]

Date: 10-2

Entered by: _____

Date: _____

County Manager Approval: [Signature]

Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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	0426	465	20-06	Retiree Health Contributions	59	
101	0426	465	30-01	In State Travel: Mileage	1,700	
101	0426	465	30-02	Out of State Travel: Mileage	2,500	
101	0426	465	30-03	In State Travel: Meals & Lodging	500	
101	0426	465	30-04	Out of State Travel: Meals & Lodging	2,500	
101	0426	465	60-01	Inventory Exempt	1,000	
101	0426	465	60-07	Office Supplies	1,991	
101	0426	465	60-08	Field Supplies	1,000	
101	0426	465	70-33	Seminars & Workshops	5,000	
101	0426	465	70-37	Printing/Publishing/Advertising	5,000	
TOTAL (if SUBTOTAL, check here)					27,500	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/NM DOH IHI Grant

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 establishes an initial budget for the New Mexico Department of Health Improving Health Initiatives Grant in the amount of \$ 27,500. This purpose of this request is to produce the deliverables contained within the contract. We have budgeted a substantial amount of funding in the Travel category so that staff, Santa Fe County Health Planning Commissioners, Core Team members, and youth participants can attend training sessions and seminars, both in state and out-of-state.

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

The NM DOH contract was not signed off on until August of 2002.

- 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: Improving Health Initiative	State Grant Number	: 0366542000061
Award Date : 08/20/02	Amount	: \$ 27,500

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

This grant does not include federal funding

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/NM DOH IHI Grant

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, but assists in supporting a Term Position that functions as the Santa Fe County Health Policy and Planning Commission Coordinator. Ms. Betty Cardenas is currently being paid from cost center 101/0413 (NM DOH Smart Moves Program). We estimate that these funds will be exhausted on, or about, pay period ending May 9, 2003. From that point on, Ms. Cardenas will be paid from cost center 101/0426 (NM DOH IHI Grant. Ms. Cardenas is currently functioning as the Coordinator for the remainder of the Smart Moves Program and the NMDOH IHI Grant.

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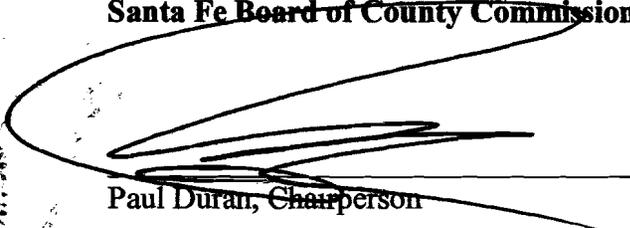
SANTA FE COUNTY

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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 29th Day of October, 2002.

Santa Fe Board of County Commissioners


Paul Duran, Chairperson

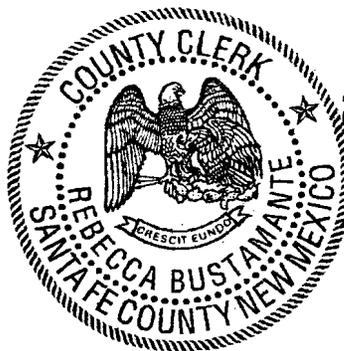
ATTEST



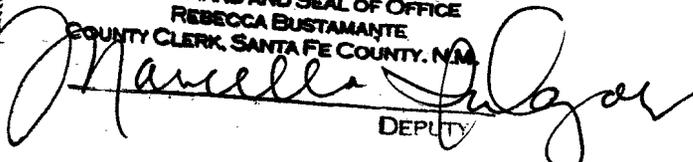
Rebecca Bustamante, County Clerk

Approved As To Form.


Steven Kopelman, County Attorney



1231136
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF Oct A.D.
20 02 AT 8:36 O'CLOCK AM
AND WAS DULY RECORDED IN BOOK 2248
PAGE 575-579 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.


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