

SANTA FE COUNTY

RESOLUTION 2002- 08

2061212 A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

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

Department/Division: Community Health & Development/Community Health Fund Name: EMS/Health Care: Kellogg Foundation

Budget Adjustment Type: Budget Increase

Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

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
232	<u>0000</u> <u>0421</u>	360	01-90	Contributions/Donations/Kellogg Foundation	9,381	
TOTAL (if SUBTOTAL, check here)					9,381	

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
232	0421	461	50-03	Contractual Services	9,381	
Total (if SUBTOTAL, check here)					9,381	

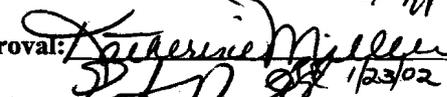
Requesting Department Approval: Robert A. Anaya



Title: Director

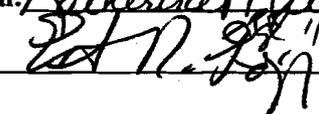
Date: 01/17/02

Finance Department Approval: Katherine Miller Date: 1-23-02



Entered by: _____ Date: _____

County Manager Approval: Pat R. Day Date: 1/23/02



SANTA FE COUNTY
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2061213

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Community Health

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 increases the EMS/Health Care fund by \$ 9,381. This is the balance left from FY-2001 for the Kellogg Foundation Grant.

The purpose of this grant is to perform county health care planning as directed by the Santa Fe County Board of County Commissioners, and its Health Planning Commission.

- 2) Why was this request not included in the fiscal year 2002 Operating Budget?

The balance of funds was not known until the end of FY-2001, after the FY-2002 budget cycle.

- 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 will be no future funding impacts.

- 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 does not include state funds.

- 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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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Community Health

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 request is not the result of Commission action.

- d) Please identify other funding sources that can be used to match this request.

Santa Fe County donates staff time, use of equipment and materials to the efforts of the Health Planning Commission. Other than this in-kind match, there are no other available funds that can be used 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 does include funds to offset staff time devoted to this effort.

2061214

2061215

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 January, 2002.



Santa Fe Board of County Commissioners

Paul Duran, Chairperson

Rebecca Bustamante, County Clerk



Approved As To Form.

By
Santa Fe County Attorney

1191280
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF Jan A.D.
20 02 AT 1:10 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2061
PAGE 212-215 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY