

2179561

SANTA FE COUNTY

RESOLUTION 2002- 84

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

Whereas, the Board of County Commissioners meeting in regular session on July 30, 2002, did request the following budget adjustment:

Departments/Divisions : Community Health & Development/MCH Fund Name : Frost Foundation: MCH

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	0417	385	06-00	Budgeted Cash/Miscellaneous Revenue/Donations	3,489	
101	0417	360	01-09	Contribution, Donation, & Agreement/Frost Found	7,500	
TOTAL (if SUBTOTAL, check here)					10,989	

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	0417	462	50-90	Contractual Services/Other Contractual Services	10,489	
101	0417	462	70-02	Rent of Land and Buildings	500	
TOTAL (if SUBTOTAL, check here)					10,989	

Requesting Department Approval: Robert A. Anaya

Title: Department Director

Date: 06/28/02

Finance Department Approval: Katherine Miller Date: 7-30-02

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

2179562

SANTA FE COUNTY

RESOLUTION 2002- 84

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Maternal Child Healthcare

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 Frost Foundation Grant/Maternal Child Healthcare budget by \$ 10,989. The dollar amount consists of \$ 3,489 carried over from FY-2002, and \$ 7,500 awarded to the program for FY-2003. The funds will be used to provide community training to healthcare professionals concerning child and infant healthcare.

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

We were unable to project the balance of FY-2002 funds, or know whether we would receive the FY-2003 funding at the time the operating budget was created.

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

This budget transfer and the resulting expenditures are non-recurring. There are 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 involve a state special appropriation.

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

This grant does not include state or federal funding.

2179563

SANTA FE COUNTY

RESOLUTION 2002- 84

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Maternal Child Healthcare

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 is contributing \$ 135,000 to this program in FY-2003 from the 232/Health Care Fund.
- 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.

SANTA FE COUNTY

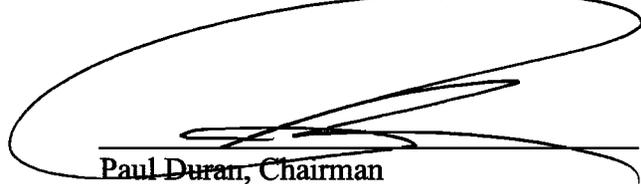
RESOLUTION 2002- 84

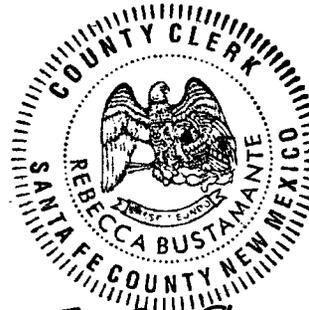
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of July, 2002.

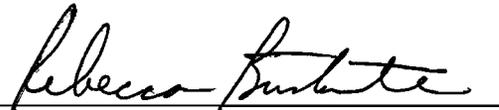
2179564

Santa Fe Board of County Commissioners


Paul Duran, Chairman

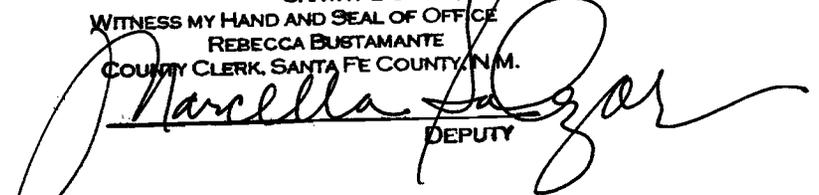


ATTEST:


Rebecca Bustamante, County Clerk

1217 389
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 4 DAY OF Aug A.D.
20 02 AT 1:19 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2179
PAGE 501-504 OF THE RECORDS OF
SANTA FE COUNTY

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


MARCELA SALAZAR
DEPUTY

Approved as to Form & Legal Sufficiency.

By 
Santa Fe County Attorney's Office

