

# SANTA FE COUNTY

## RESOLUTION 2002 - 95

### 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:

Department / Division: Community Health and Development/Community Health Fund Name: DOH Smart Move Program

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	0000	371	15-00	State/Other	31,065 <del>31,066</del>	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>31,065 <del>31,066</del></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	0413	465	10-26	Term Employees	23,853	
101	0413	465	20-01	FICA: Regular	1,455	
101	0413	465	20-02	FICA: Medicare	341	
101	0413	465	20-03	PERA	4,459	
<b>TOTAL (if SUBTOTAL, check here <u>x</u>)</b>					<b>30,108</b>	

Requesting Department Approval: Robert A. Anava *Robert A. Anava by SA03* Title: Director Date: 07/19/02

Finance Department Approval: Susan J. Lucas Date: 7/24/02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2180043

2180044

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 96**

**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
<b>TOTAL (if SUBTOTAL, check here )</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	0413	465	20-05	Group Insurance	644	
101	0413	465	20-06	Retiree Health Care	305	
101	0413	465	20-08	Workers Compensation	8	
<b>TOTAL (if SUBTOTAL, check here )</b>					31,065	



**SANTA FE COUNTY**  
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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name: Robert A. Anaya**

**Dept/Div: Community Health and 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 action is not a result of 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 provides continuation funding for one (1)-term position to administer the grant. The revenue source is this grant, and the term position terminates at the end of the grant. Therefore, there is no future funding impact.

2180046

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 95**

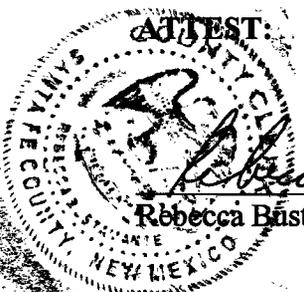
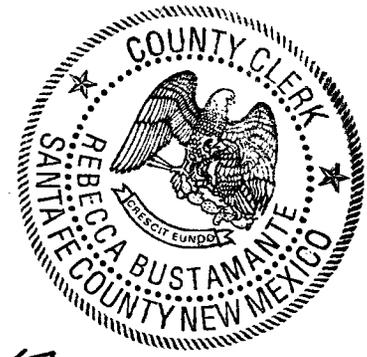
**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

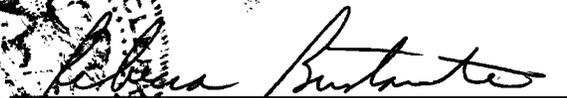
Approved, Adopted, and Passed This 30th Day of July, 2002.

2180047

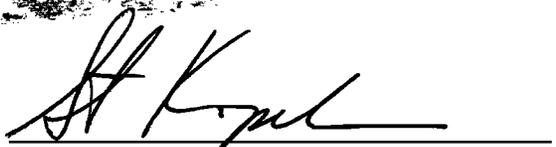
Santa Fe Board of County Commissioners

  
Paul Duran, Chairperson

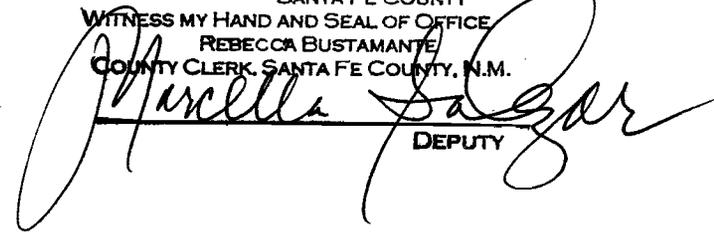


  
Rebecca Bustamante, County Clerk

Approved As To Form.

  
Steven Kopelman, County Attorney

1277 473  
COUNTY OF SANTA FE } ss  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 30 DAY OF Aug A.D.  
20 02 AT 3:43 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2180  
PAGE 043-047 OF THE RECORDS OF  
SANTA FE COUNTY

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