

**SANTA FE COUNTY**

**RESOLUTION 2003- 41**

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

Whereas, the Board of County Commissioners meeting in regular session on March 25, 2003, 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	360	01-90	Misc. Revenue/Contributions/Donations	1,800	
<b>TOTAL (if SUBTOTAL, check here )</b>					1,800	

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	1,800	
<b>TOTAL (if SUBTOTAL, check here )</b>					1,800	

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya*  Title: Department Director Date: 03/25/03

Finance Department Approval: *Katherine Hill* Date: 3-18-03 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

2475886

**SANTA FE COUNTY**  
**RESOLUTION 2003- 41**

**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 \$ 1,800. The dollar amount consists of registration fees that were raised at a Frost Foundation sponsored workshop. The funds will be budgeted in the Contractual Services Category, and used to provide more community training that is a work item under the Frost Foundation Contract.

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

We were unable to project that the workshop would raise this amount of money at the beginning of the fiscal year 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.

2475887

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**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.  
There is \$ 10,989 in the Frost Foundation budget that is currently being used for this purpose. This additional fee income will be used to supplement these funds for the same purpose.
- 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.

2475888

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 25th Day of March, 2003.

Santa Fe Board of County Commissioners

  
Jack Sullivan, Chairman



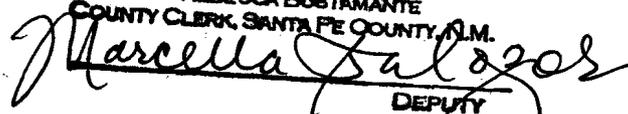
  
Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By   
Santa Fe County Attorney's Office

1256 271  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 26 DAY OF Mar A.D.  
20 03 AT 8:11 O'CLOCK a. M.  
AND WAS DULY RECORDED IN BOOK 2475  
PAGE 600-589 OF THE RECORDS OF  
SANTA FE COUNTY

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

  
DEPUTY