

SANTA FE COUNTY

RESOLUTION 2003 - 69

SFC CLERK RECORDING 08/12/2004

2535885

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

Whereas, the Board of County Commissioners meeting in regular session on May 27, 2003, did request the following budget adjustment:

Department / Division: Community Health and Development Dept./Community Health Fund Name: MCH Program

Budget Adjustment Type: Budget Decrease

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	0403	371	90-00	State Funds/Other		9,401
101	0301	390	03-00	Operating Transfer In/Finance Department		846
TOTAL (if SUBTOTAL, check here)						10,247

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	0403	462	50-03	Professional Services		8,555
101	0403	490	01-00	Operating Transfers Out		846
101	0301	412	10-90	Other Wages		846
TOTAL (if SUBTOTAL, check here)						10,247

Requesting Department Approval: Robert A. Anaya 

Title: Director

Date: 05/12/03

Finance Department Approval:  Date: 5/20/03

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

Dept/Div: Community Health & Development Department/MCH Program

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 reduces the MCH Program budget by \$ 9,401.00. As a result of the reduction, a reduction is also being made to the amount of money being transferred to the SF County Finance Department and the corresponding expense within the Department.

This request is necessary because the NM Department of Health has reduced the MCH Program grant award by \$ 9,401. This is the second reduction of the fiscal year for this program. The first was \$ 10,506.00. The amendment to the contract has been signed and delivered back to NM DOH.

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

The CHD Department received the amendment to the NM DOH contract on, or about, March 26, 2003.

- 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: Maternal and Child Health	State Grant Number	: 03/665.4200.0033
Award Date : 07/01/02	Amount	: \$ 187,614 (Initial) \$ 177,108 (First Amendment) \$ 167,707 (Second Amendment)

- 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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Phone #: 992-3056

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/MCH Program

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, and there is no future funding impact.

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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.

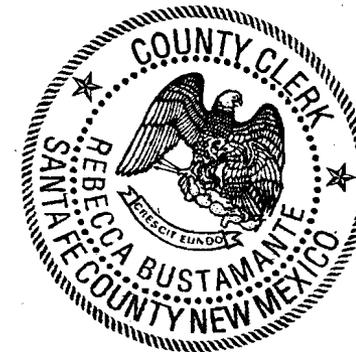
Approved, Adopted, and Passed This 27th Day of May, 2003.

Santa Fe Board of County Commissioners

Jack Sullivan
Jack Sullivan, Chairperson



Rebecca Bustamante, County Clerk



Approved As To Form.

John Collins
Santa Fe County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss 1267864
I Hereby Certify That This Instrument Was Filed For Record On The
28 Day Of May, A.D., 2003 at 10:04 AM/PM And
Was Duly Recorded In Book 2535 Page 885-888 Of
The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
Deputy *Marcella Salazar* County Clerk, Santa Fe, NM