

SANTA FE COUNTY

RESOLUTION 2004- 22

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

Whereas, the Board of County Commissioners meeting in regular session on February 24, 2004, did request the following budget adjustment:

Departments/Divisions : Community Health & Development/MCH Program Fund Name : United Way of SF County: MCH Program

Budget Adjustment Type : Budget Increase Fiscal Year : 2004: (July 1, 2003 - June 30, 2004)

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	0437	360	01-04	United Way\Early Childhood Learning	50,455	
TOTAL (if SUBTOTAL, check here)					50,455	

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	0437	462	50-03	Contractual Services/Professional Services	10,560	
101	0437	462	50-90	Contractual Services/Other Contractual Services	27,440	
101	0437	462	60-07	Office Supplies	3,600	
101	0437	462	70-02	Rent of Land or Building	3,000	
TOTAL (if SUBTOTAL, check here x)					44,600	

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya by [Signature]* Title: Department Director Date: 02/10/04

Finance Department Approval: *[Signature]* Date: 2-17-04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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
TOTAL (if SUBTOTAL, check here)						

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	0437	462	70-37	Publishing/Printing/Advertising	5,855.00	
TOTAL					50,455	

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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.):

- 1) Please summarize the request and its purpose.

This request increases the United Way Early Learning Opportunities Act (Success by 6) Grant/Maternal Child Healthcare budget by \$ 50,455. The funds will be budgeted in the Contractual Services, Supplies, and Other Operating Costs Categories. The purpose of this grant is detailed on the attached Grant Agreement under "Scope of Work".

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?

We did not have a signed contract until 01/29/04, so we were unable to include the grant in the FY-2004 Operating Budget request.

- 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.

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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 no other funding 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.

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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 24th Day of February, 2004.

Santa Fe Board of County Commissioners


Paul Campos, Chairman



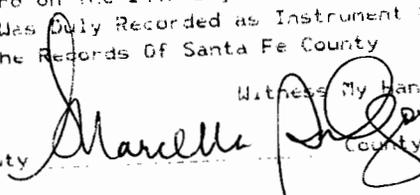
ATTEST:




Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By 
Santa Fe County Attorney's Office

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 24TH Day Of February, A.D., 2004 at 14 56
And Was duly Recorded as Instrument # 1315175
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
By 
Deputy County Clerk, Santa Fe, NM