

SANTA FE COUNTY

RESOLUTION 2005 - 118

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2005, did request the following budget adjustment:

Department / Division: Health & Human Services Department/Maternal Child & Health Fund Name: Maternal Child & Health

Budget Adjustment Type: Budget Decrease Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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	MCH Grant Project		32,646
TOTAL (if SUBTOTAL, check here)						32,646

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	Contractual Services		32,646
TOTAL (if SUBTOTAL, check here)						32,646

Requesting Department Approval: [Signature] Title: Director Date: 08/16/05

Finance Department Approval: [Signature] Date: 8-19-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2005 - 118

Page 2 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd Dept/Div: Health & Human Services Department/Maternal Child & Health Phone No.: 992-9840

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 decreases the budget to accurately reflect the available funds contracted by the New Mexico Department of Health for FY 2006.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

It was included but it was an estimated amount that we used.

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

This budget decrease and the resulting expenditures are non-recurring. There is 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 is not a state special appropriation.

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

A portion of this is state grant #03/665.4200.0033 awarded July 1, 2005 through June 30, 2006

SFC CLERK RECORDED 08/31/2005

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd Dept/Div: Health & Human Services Department/Maternal & Child Health Phone No.: 992-9840

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 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 Purchase 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 does not impact FTE's

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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 30th Day of August, 2005.

Santa Fe Board of County Commissioners

[Signature]
Michael Anaya, Chairperson



[Signature]
Valerie Espinoza, County Clerk



Approved As To Form

By *[Signature]*
Stephen Ross, County Attorney

COUNTY OF SANTA FE)	BCC RESOLUTIONS
STATE OF NEW MEXICO) ss	PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of August A.D. 2005 at 11:01 And Was Duly Recorded as Instrument # 1396082 Of The Records Of Santa Fe County

[Signature] Witness My Hand And Seal Of Office
Deputy, *[Signature]* Valerie Espinoza
County Clerk, Santa Fe, NM

SFC CLERK RECORDED 08/31/2005