

SANTA FE COUNTY

RESOLUTION 2005 - 12

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

Whereas, the Board of County Commissioners meeting in regular session on January 25, 2005, did request the following budget adjustment:

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

Fund Name: Maternal Child & Health

Budget Adjustment Type: Budget Decrease

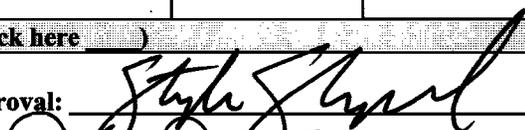
Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	360	01-12	MCH Grant Project		48,085
TOTAL (if SUBTOTAL, check here)						48,085

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		32,146
101	0403	462	70-90	Miscellaneous Operating Cost		15,939
TOTAL (if SUBTOTAL, check here)						48,085

Requesting Department Approval: 

Title: Director

Date: 12/17/04

Finance Department Approval:  Date: 12-17-04

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: Health & Human Services Department/Maternal & Child Health

Phone #: 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 reduces the overall budget to accurately reflect the available funds contracted by the New Mexico Department of Health for Fiscal Year 2005 (\$128,523) plus the remaining Daniel's funds from Fiscal Year 2004 (\$500).

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

This request was not included in the Fiscal Year 2005 Operating Budget because the amount of the contract with the New Mexico Department of Health was not known until after the budget process was completed and the Daniel's money was not spent prior to the fiscal year.

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

This is a non-recurring transfer, and 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 is not a state special appropriation.

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

A portion of this is state grant #03/665.4200.0033 awarded July 2004 through June 30, 2005 in the amount of \$128,523.

SFC CLERK RECORDED 01/26/2005
SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: Health & Human Services Department/Maternal & Child Health

Phone #: 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 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.

SFC CLERK RECORDED 01/26/2005

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 January 2005.

Santa Fe Board of County Commissioners



Michael D. Anaya 1/25/05
Michael Anaya, Chairperson

ATTEST

Valerie Espinoza 1/25/05
Valerie Espinoza, County Clerk

Approved As To Form.

By *Stephen Ross*
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I hereby certify that this is a true and correct copy of the Resolution of the Board of County Commissioners of Santa Fe County, New Mexico, adopted and passed on the 25th Day of January, 2005, and that the same was duly recorded in the Office of the County Clerk of the Records of Santa Fe County.

Witness My Hand and Seal of Office
Valerie Espinoza
County Clerk Santa Fe, NM

Marcella