

# SANTA FE COUNTY

## RESOLUTION 2005 - 36

**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 29, 2005, did request the following budget adjustment:**

Department / Division: County Manager/HHS Department

Fund Name: Access to Recovery (ATR) Voucher Funds

Budget Adjustment Type: Budget Increase

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
232	0483	372	09-00	Federal Grant / SAMSA	37,959	
232	0483	350	06-00	ATR Assessment Fees	37,500	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>75,459</b>	

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
232	0483	465	10-26	Term Employee	27,707	
232	0483	465	20-01	FICA - Regular	1,718	
232	0483	465	20-02	FICA - Medicare	402	
232	0483	465	20-03	Retirement Contributions	5,267	
<b>TOTAL (if SUBTOTAL, check here X )</b>					<b>35,094</b>	

Requesting Department Approval: Stephen Shepherd

Title: Department Director

Date: 3/08/05

Finance Department Approval: Date: 3-22-05

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: Date: 3-29-05

# SANTA FE COUNTY

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

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
232	0483	465	20-05	Health Care	2,473	
232	0483	465	20-06	Retirement Health Care	360	
232	0483	465	20-08	Workers Compensation	32	
232	0483	465	50-03	Professional Services	37,500	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>75,459</b>	

# SANTA FE COUNTY

## RESOLUTION 2005 - 36

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Stephen Shepherd

**Dept/Div:** HHS Department/Administration

**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 increases the HHSD/CARE Connection budget by \$75,459. The purpose of this request is to increase the CARE Connection Program budget utilizing cash revenues from the New Mexico State Department of Health through a Joint Powers Agreement related to the implementation of the Access to Recovery (ATR) Voucher Program. Through the JPA, the Department of Health will pay for one-half of the salary and benefits of the CARE Connection Project Manager. In addition, DOH will reimburse the County for assessment services.

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

At the time budgets were prepared for FY 2005, the CARE Connection Assessment Center was not in operation. The ATR Voucher grant was received by the state during this fiscal year.

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

This funding will be available for a term of 3 years.

- 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.

This is not a state or federal grant.

**SANTA FE COUNTY**  
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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Stephen Shepherd

**Dept/Div:** HHS Department/Administration

**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 Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There is not match required.
- 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 does not increase FTE's. It will decrease the County's portion of the CARE Connection Project Manager's salary and benefits.

**SANTA FE COUNTY**

**RESOLUTION 2005- 36**

**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 29<sup>th</sup> Day of March, 2005.**

**Santa Fe Board of County Commissioners**



*[Signature]*  
Mike Anaya, Chairperson  
by Harry Montoya, Vice Chairman

ATTEST

*[Signature]*  
Valerie Espinoza, County Clerk  
By: *[Signature]*  
Chief Deputy



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 31ST Day of March, A D , 2005 at 09 19  
And was duly recorded as Instrument # 1373424  
of the Records of Santa Fe County  
Witness My Hand And Seal of Office  
Deputy *[Signature]* Valerie Espinoza  
County Clerk, Santa Fe, NM

**Approved As To Form.**

*[Signature]*  
Stephen Ross, Santa Fe County Attorney