

RESOLUTION 2005 - 69

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 24, 2005, did request the following budget adjustment:

Department / Division: Project & Facilities Mgmt/Detoxification Center Fund Name: EMS-Healthcare (232) and State Special Approp. (318)

Budget Adjustment Type: Budget Decrease and 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	0724	371	9000	State Grants		100,000
232	0724	385	0200	Budgeted Cash		36,500
318	0443	371	9000	State Grants	100,000	
318	0443	385	0200	Budgeted Cash	36,500	
TOTAL (if SUBTOTAL, check here)					136,500	136,500

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	0724	464	8001	Capital Purchases / Buildings & Structures		136,500
318	0443	481	8001	Capital Purchases / Buildings & Structures	136,500	
TOTAL (if SUBTOTAL, check here)					136,500	136,500

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: *Suzanne J. Luce* Date: 5-17-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 986-6375

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 corrects Resolution 2004-135 approved by the BCC at the October 26, 2004 meeting. A state special appropriation for the Coordinated Health Complex (Detoxification Center) was budgeted in the EMS-Healthcare Fund (232) instead of the State Special Appropriations Fund (318).

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
This request is to recognize the state special appropriation for the coordinated health complex in the appropriate fund.

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

- 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.

Coordinated Health Complex #04-L-NR-I-3-G-1017	\$50,000
Coordinated Health Complex #04-L-NR-I-3-G-1040	\$50,000

 - 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 986-6375

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 a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources 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.
The requested amount is to plan, design, construct, renovate and equip the coordinated health complex in Santa Fe County.
- 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 have an 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 May 2005.

Santa Fe Board of County Commissioners



[Signature]
Michael Anaya, Chairperson

By: Harry Montoya, Vice Chairman

[Signature]
Valerie Espinoza, County Clerk
By: Shirley Cooper Garcia, Deputy

Approved As To Form.

By *[Signature]*
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss BCC RESOLUTIONS
PAGES: 4
I hereby Certify That This Instrument Was Filed for
Record On The 25TH Day Of May A D . 2005 at 14 34
And Was Duly Recorded as Instrument # 1381418
Of The Records Of Santa Fe County
Deputy *[Signature]* Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, Nm