

SANTA FE COUNTY

RESOLUTION 2006 - 4

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 31, 2006, did request the following budget adjustment:

Department / Division: Health & Human Services Department/CARE Connection Fund Name: MOA with St. Vincent's

Budget Adjustment Type: Budget Increase 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
242	0481	341	95-00 2	MOA with St. Vincent's Hospital	450,190	
TOTAL (if SUBTOTAL, check here)					450,190	

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
242	0481	465	70-90	Other Operating Costs / Misc. Operating Costs	450,190	
TOTAL (if SUBTOTAL, check here X)					450,190	

Requesting Department Approval: Steve D. Sheperd Title: Director Date: 01/20/06
STEVE D. SHEPERD

Finance Department Approval: [Signature] Date: 1-24-06 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 1-31-06

SANTA FE COUNTY
RESOLUTION 2006 - //

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: STEVE D. SHEPERD **Dept/Div:** Health & Human Services Department/CARE Connection **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.
To recognize prior MOA carryover money for the CARE Connection Sobering Program operating budget.
- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
The MOA with St. Vincent's Hospital was not finalized before the budget was due, and carryover was not expressed in the MOA document. (See calculation sheet for determination of carryover amount. Expense is generically budgeted until determination of timeframe to begin operations).
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This request 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:
MOA with St. Vincent's Hospital
 - 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 not a state or federal grant.

SANTA FE COUNTY

RESOLUTION 2006 - 11

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: STEVE D. SHEPERD **Dept/Div:** Health & Human Services Department/CARE Connection **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 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.
Yes, there will be furniture, equipment, vehicle, computers and other purchases needed for facility to operate. These will be specifically budgeted as the timeframe for program operation is determined.

- 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.
Yes, it will allow Department to hire staff to adequately operate facility. Specific staff requirements will be determined as a detailed operating budget is formulated.

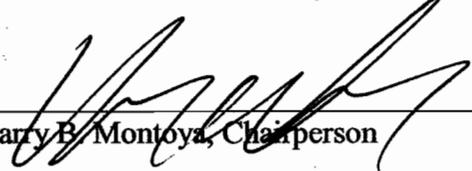
SANTA FE COUNTY

RESOLUTION 2006 - 11

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 31st Day of January, 2006.

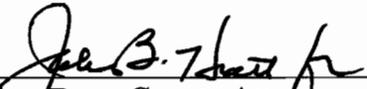
Santa Fe Board of County Commissioners

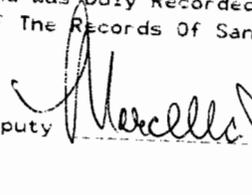

Harry B. Montoya, Chairperson


Valerie Espinoza, County Clerk



Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 7TH Day Of February, A D., 2006 at 09 50
And Was Duly Recorded as Instrument # 1419235
Of The Records Of Santa Fe County
Deputy  Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

CARE CONNECTION MOA FUNDING	FISCAL YEAR 2006				FISCAL YEAR 2007
	JUL-SEP 2005	OCT-DEC 2005	JAN-MAR 2006	APR-JUN 2006	JUL-SEP 2006
MOA AMENDMENT 8	IN CARRYOVER				
MOA AMENDMENT 9			\$522,808		
CARRYOVER (SEP 30 2005)	\$680,388 ▲				
FY 2006 BUDGET FROM AMENDMENT 9			\$392,106		
FY 2007 BUDGET FROM AMENDMENT 9					\$130,702

TOTAL AVAILABLE FOR FY 2006
 CARRYOVER \$680,388
 AMENDMENT 9 \$392,106
 SUBTOTAL \$1,072,494

MONEY ALREADY SPENT
 BILLABLE FROM FY 2005 (\$34,640)
 JUL-SEP FY 2006 ACTUAL EXPENSE (\$45,568)
 NET AVAILABLE FOR BUDGET \$992,286

WHAT IS BUDGETED FOR FY 2006
 FY 2006 ORIGINAL BUDGET (\$542,096)
 REMAINDER - THIS RESOLUTION \$450,190