

RESOLUTION 2006 - 26

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

Whereas, the Board of County Commissioners meeting in regular session on February 28, 2006, did request the following budget adjustment:

Department/Division: HHS Department/Administration/MCH Program

Fund Name: 232 EMS: Other Healthcare Fund

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
232	0421	341	95-00	Charges for Services/MOA/Hospital	40,000	
TOTAL (if SUBTOTAL, check here)					40,000	

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	0421	461	50-03	Contractual Services/Professional Services	40,000	
TOTAL (if SUBTOTAL, check here)					40,000	

Requesting Department Approval: Steve Shepherd
 Finance Department Approval: [Signature] Date: 2-21-06
 County Manager Approval: [Signature] Date: 2/22/06

Title: Department Director Date: 02/10/06
 Entered by: _____ Date: _____

RESOLUTION 2006 - 26

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: HHS Department/Administration/MCH Program

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 budgets increased MOA funding for the Community Infant Program that is contracted for with Las Cumbres Learning Services Inc. The funding is used to support the program and the increased funding will be used to increase staff so that more families can be served.

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

The increased funding was not known until the MOA was finalized. The MOA was signed and became effective on 11/14/05, far past the process for the FY-2005 budget request.

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

This budget increase and the resulting expenditures are not recurring unless revenues exist to fund the expenditure on an annual basis.

- 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 grant does not include state or federal funding.

- 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.

RESOLUTION 2006 - 26

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: HHS Department/Administration/MCH Program

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):
 - 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 does not have an FTE impact.

RESOLUTION 2006 - 26

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 28th Day of February, 2006.

Santa Fe Board of County Commissioners



[Signature]

Harry B. Montoya, Chair

ATTEST:

[Signature]

Valerie Espinoza, County Clerk

Approved As To Form

[Signature]

Santa Fe County Attorney's Office



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 2ND Day Of March, A.D., 2006 at 08 55
And Was Duly Recorded as Instrument # 1422472
Of The Records Of Santa Fe County

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