SFC CLERK RECORDED 08/29/2007

SANTA FE COUNTY

RESOLUTION 2007 - 137

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

Whereas, the Board of County Commissioners meeting in regular session on August 28, 2007, **did request the following budget adjustment:**

Department / Division: Community Services Department/Home for Good Program Fund Name: US Department of Education

Budget Adjustment Type: Budget Increase Fiscal Year: 2008(July 1, 2007 - June 30, 2008)

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	0445	372	0903	Other/US Department of Education	44,754	
TOTAL (if SUBTOTAL, check here ____)					44,754	

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	0454	466	1026	Salary & Wages Term Employees	5,960	
101	0454	466	2001	FICA Regular	370	
101	0454	466	2002	FICA Medicare	90	
101	0454	466	2003	Retirement Contribution	1,135	
TOTAL (if SUBTOTAL, check here X)					7,555	

Requesting Department Approval: _____ **Title:** Director **Date:** August 8, 2007

Steve D. Shepherd

Finance Department Approval: _____ **Date:** 8/14/07 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

SFC CLERK RECORDED 08/29/2007

SANTA FE COUNTY

RESOLUTION 2007 - _____

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
TOTAL (if SUBTOTAL, check here _____)						

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
				BALANCE BROUGHT FORWARD	7,555	
101	0454	466	2005	Health Care	180	
101	0454	466	2006	Retirement Health Care	80	
101	0454	466	2008	Workers Compensation	2	
101	0454	466	3001	In-State Travel Mileage & Fares	200	
101	0454	466	3002	Out-Of-State Mileage & Fares	2,200	
101	0454	466	3003	In-State Travel Meals & Lodging	600	
101	0454	466	3004	Out-Of-State Travel Meals & Lodging	4,700	
101	0454	466	3005	Travel Gas & Oil	200	
101	0454	466	4007	Maintenance Supplies	500	
101	0454	466	5001	Audit Contract	1,800	
101	0454	466	5003	Professional Services	4,000	
101	0454	466	6001	Inventory Exempt	4,000	
101	0454	466	6007	Office Supplies	7,517	
101	0454	466	6007	Educational Supplies	5,000	
TOTAL (if SUBTOTAL, check here)					38,534	

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SANTA FE COUNTY

RESOLUTION 2007 - _____

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
TOTAL (if SUBTOTAL, check here _____)						

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
				BALANCE BROUGHT FORWARD	**38,534**	
101	0454	466	7003	Operating Costs Telephone	120	
101	0454	466	7004	Operating Costs Electricity	100	
101	0454	466	7005	Operating Costs Gas & Heating	150	
101	0454	466	7006	Operating Costs Garbage & Sewer	150	
101	0454	466	7007	Operating Costs Water	150	
101	0454	466	7033	Operating Costs – Seminars & Workshops	1,600	
101	0454	466	7036	Operating Costs – Postage & Mail Services	100	
101	0454	466	7039	Operating Costs – Subscriptions & Dues	350	
101	0454	466	8015	Capital Purchases – Computers & Peripherals	3,500	
TOTAL (if SUBTOTAL, check here)					44,754	

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SANTA FE COUNTY

RESOLUTION 2007 - ____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Videlia T. Montoya **Dept/Div:** Community Services Department/Home for Good Program **Phone No.:** 992-9853

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 Health and Human Services Division/Home for Good Program by $44,754.00. This is unbudgeted indirect cost revenue from the US Department of Education Federal Grant awarded to Home for Good Program. The purpose of this request is to fully budget the Home for Good grant for full expenditure

2) Why was this request not included in the Fiscal Year 2008 Operating Budget?

   It was unbudgeted due to a staff oversight.

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

   No.

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 is not a state special appropriation.

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

      This a Federal Grant:

      Grant Name: Home for Good Program
      Award Date: 09/26/06

      Grant Number: Q255A0300007-05
      Grant Amount: $334,472.00

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SANTA FE COUNTY

RESOLUTION 2007 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Videlia T. Montoya **Dept/Div:** Community Services Department/Home For Good Program **Phone No.:** 992-9853

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.

Match is in-kind only

5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

We will be purchasing printers for office use.

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 will have no FTE impact. Funding included for Salary and Benefits will be used to pay for the existing Program Manager, who will help close out the Home for Good Program.

SANTA FE COUNTY

RESOLUTION 2007 - ____

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 August, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chair

ATTEST:

Valerie Espinoza, County Clerk

Approved As To Form.

By _____ for Stephen C. Ross
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 6

I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of August, A.D., 2007 at 09:45 And Was Duly Recorded as Instrument # 1497641 Of The Records Of Santa Fe County

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