

SANTA FE COUNTY
RESOLUTION 2010-145

Page 1 of 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 August 31, 2010, did request the following budget adjustment:Department/Division: Community Services/Health & Human Services Fund Name: Countywide Meals Equipment and Furnishings for Senior CentersBudget Adjustment Type: Budget IncreaseFiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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
318	7117	317	90-00	State\Other	48,000	
TOTAL (if SUBTOTAL, check here)					48,000	

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
318	7117	481	80-03	Capital Purchases\Equipment & Machinery	48,000	
TOTAL (if SUBTOTAL, check here)					48,000	

Requesting Department Approval: Stephen Shepherd *Stephen Shepherd* Title: Division DirectorDate: 07/28/10Finance Department Approval: *Janet Martz* Date: 8/4/10

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa GriegoDept/Div: Community Services\ProjectsPhone #: (505)-992-6758

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 is a budget increase of \$ 48,000 to purchase and install meal equipment and purchase furnishings for senior centers countywide. This is state capital outlay funding. It is the intention of the Health and Human Services Division to purchase necessary commercial meals equipment and furnishings for the six senior centers located in Santa Fe County.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
80-03	Capital Purchases\Equipment and Machinery: Purchase and install meal equipment in meal site kitchen. Purchase Furnishings for countywide senior centers.	48,000

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense: X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa Griego

Dept/Div: Community Services/Projects

Phone #: (505)-992-6758

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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: YES: X NO: _____
If YES, cite statute and attach a copy.

State of New Mexico, New Mexico Aging and Long Term Services Department, 2008 Laws of New Mexico

- b) Does this include state or federal funds? YES: X NO: _____
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

State of New Mexico, New Mexico Aging and Long Term Services Department, 2008 Laws of New Mexico
 Meals Equipment and Furnishing for countywide Senior Centers
 Contract Number: 2010-0017
 Award Date: June 30, 2010
 Award Amount: \$ 48,000

- c) Is this request is a result of Commission action? YES: _____ NO: : X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

- d) Please identify other funding sources used to match this request.

None.

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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.

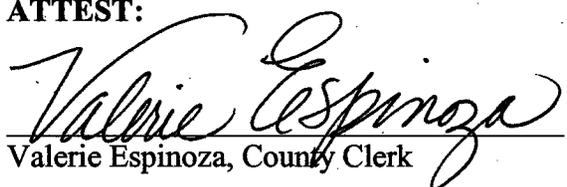
Approved, Adopted, and Passed This 31st Day of August, 2010.

Santa Fe Board of County Commissioners



Harry B. Montoya, Chairperson

ATTEST:



Valerie Espinoza, County Clerk



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 September, 2010 at 11:29:15 AM
And Was Duly Recorded as Instrument # 1609621
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM