

SANTA FE COUNTY
RESOLUTION 2010 - 147

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: Maternal and Child Health Planning Council

Budget Adjustment Type: Budget Increase

Fiscal 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
232	0403	462 371	50-03 90-00	State Grant/Maternal and Child Health Council	2,265	
TOTAL (if SUBTOTAL, check here)					2,265	

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	0403	462	10-26	Term Employees	2,265	
TOTAL (if SUBTOTAL, check here)					2,265	

Requesting Department Approval: Stephen Shepherd

Title: Division Director

Date: 08/04/10

Finance Department Approval: Juanita

Date: 8/16/10

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____

Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa Garcia

Dept/Div: Community Services\Health & Human Services

Phone #: (505)-995-9527

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 will budget the remaining FY-2010 NM Department of Health Maternal and Child Health (MCH) grant balance of \$2,265 for use in FY 2011. This grant funding will be applied to the salary of the Coordinator to continue the work of the MCH Council as stated in MOA 9662 between New Mexico Department of Health and Santa Fe County. NMDOH requires that remaining grant balances be used for the original intended use.

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

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

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DEPARTMENT CONTACT:

DEPARTMENT CONTACT: Name: Lisa Garcia

Dept/Div: Community Services\Health & Human Services

Phone #: (505)-995-9527

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

Grant Name	:	Maternal and Child Health Planning Council	Award Date	:	08/17/09
Grant Number	:	Memorandum of Agreement #9662	Award Amount	:	\$ 132,523
 - 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.

There are no other funding sources to match this request.

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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.

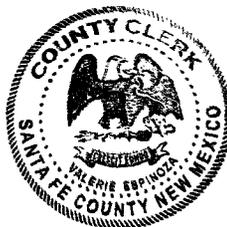
Approved, Adopted, and Passed This 31st Day of August, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry B. Montoya, Chairperson

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of September, 2010 at 11:29:17 AM
And Was Duly Recorded as Instrument # 1609623
Of The Records Of Santa Fe County
[Signature] Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM