

RESOLUTION 2012 - 118

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

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_, did request the following budget adjustment:

Department / Division: Health & Human Services/Senior Program Fund Name: Senior Services Congregate Meals

Budget Adjustment Type: Budget Increase Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	0490	371	70-00	Charges for Services: NM Area Agency of Aging	13,687	
<b>TOTAL (if SUBTOTAL, check here )</b>					13,687	

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	0490	461	60-12	Supplies: Rehab/Prgm/Facility Food	13,687	
<b>TOTAL (if SUBTOTAL, check here )</b>					13,687	

Requesting Department Approval: *Rachel O'Connor* Title: Division Director Date: August 23, 2012  
 Finance Department Approval: *[Signature]* Date: 9/13/12 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

RESOLUTION 2012 - 118

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Casados Dept/Div: Health & Human Services/Senior Program Phone No.: 992-3094

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 Senior Services Congregate Meals Budget by \$13, 687.00, which was awarded by the New Mexico Non-Metro Area Agency on Aging on August 14, 2012 for exceeding program goals. We will be increasing the facility food line item with these funds to accommodate increased participation.

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

RESOLUTION 2012 - 118

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Casados Dept/Div: Health & Human Services/Senior Program Phone No.: 992-3094

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.

This was awarded by the New Mexico Non-Metro Area Agency on Aging in August for exceeding program goals for Fiscal Year 2012

- 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.

SANTA FE COUNTY

RESOLUTION 2012 - 118

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 25 Day of September, 2012.

Santa Fe Board of County Commissioners

*Liz Stefanics*

Liz Stefanics, Chairperson

ATTEST:

*Valerie Espinoza*  
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 27TH Day Of September, 2012 at 11:25:04 AM  
And Was Duly Recorded as Instrument # 1682760  
Of The Records Of Santa Fe County

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