

RESOLUTION 2012 - 28

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: Community Services/Senior Program

Fund Name: Senior Services Congregate Meals

Budget Adjustment Type: Budget Increase

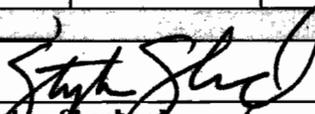
Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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 on Aging	1,781	
TOTAL (if SUBTOTAL, check here)					1,781	

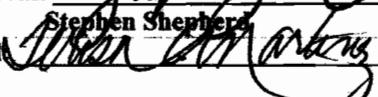
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

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	1,781	
TOTAL (if SUBTOTAL, check here)					1,781	

Requesting Department Approval: 

Title: Division Director

Date: 01/12/12

Finance Department Approval:  Date: 1/12

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya

Dept/Div: CSD/Senior 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 Senior Services Congregate Meals Budget by \$1,781.00, which was awarded by the Non-Metro New Mexico Area Agency on Aging on September 2011 for exceeding program goals. We are increasing the food line item with these funds.

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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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya

Dept/Div: CSD/Senior 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.):

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 an award letter and proposed budget.

This was awarded by the Non-Metro New Mexico Area Agency on Aging in September for exceeding program goals for Fiscal Year 2011.

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.

No funds are required to match this request. State funding.

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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 28th Day of February, 2012.

Santa Fe Board of County Commissioners

Liz Stefarnics

Liz Stefarnics, 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 29TH Day Of February, 2012 at 11:31:48 AM
And Was Duly Recorded as Instrument # 1661813
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Marcella Alvarez Valerie Espinoza
Deputy County Clerk, Santa Fe, NM