

RESOLUTION 2012 - 49

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

Whereas, the Board of County Commissioners meeting in regular session on March 27, 2012 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	0489	371	90-00	ALTS STB Capital Appropriation Project	274,000	
TOTAL (if SUBTOTAL, check here)					274,000	

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
101	0489	461	80-09	Capital Purchases - Vehicles	274,000	
TOTAL (if SUBTOTAL, check here)					274,000	

Requesting Department Approval: *Steph Sheel* Title: Division Director Date: 03/12/12

Finance Department Approval: *Carol G. Giamello* Date: 3/15/12 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.: (505)-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 is to increase the Senior Services Administration Capital Purchase Budget by \$274,000.00, which is State of New Mexico STB Capital Appropriation. This will allow the Senior Program to purchase vehicles that are needed in order to extend our program to better serve the community.

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:

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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

If YES, cite statute and attach a copy.

State of New Mexico Aging and Long-Term Service Department Fund STB Capital Appropriation Project, 2012-1268 Santa Fe Countywide Senior Centers

b) Does this include state or federal funds? YES 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 the award letter and proposed budget.

This was awarded by the State of New Mexico Aging and Long-Term Services Department Fund STB Capital Appropriation Project
Grant Name : Santa Fe Countywide Senior Centers to Purchase and Equip Vehicles for Senior Centers Countywide in Santa Fe County
Grant Number : 2012-1268
Award Date : 10/07/11
Award Amount : \$ 274,000

c) Is this request is a result of Commission action? YES NO

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.

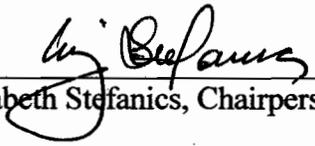
There are no other funds available to match this request.

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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 27th Day of March, 2012.

Santa Fe Board of County Commissioners

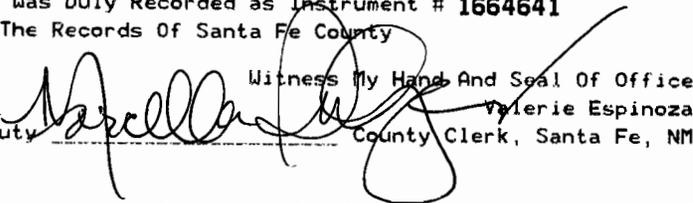

Elizabeth Stefanics, Chairperson



ATTEST:


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 29TH Day Of March, 2012 at 10:26:56 AM
And Was Duly Recorded as Instrument # **1664641**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office

Deputy Valerie Espinoza
County Clerk, Santa Fe, NM