

SANTA FE COUNTY

RESOLUTION 2012 - 38

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 MealsBudget 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	341	70-00	Charges for Services: NM Area Agency of Aging	1,500	
TOTAL (if SUBTOTAL, check here _____)					1,500	

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	60-90	Supplies, Other Supplies	1,500	
TOTAL (if SUBTOTAL, check here _____)					1,500	

Requesting Department Approval: [Signature] Title: Division Director Date: April 10, 2013Finance Department Approval: [Signature] Date: 4/12/13 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 4.30.13 Updated by: _____ Date: _____

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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 \$1,500.00, which is an Agreement Of Understanding with the New Mexico Non-Metro Area Agency. This will allow the Program to purchase kitchen supplies.

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: 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.): On March 13, 2013 NCNMEDD awarded a one time financial assistance stipend for the purchase of kitchen supplies.

- 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 is an Agreement Of Understanding with the New Mexico Non-Metro Area Agency on Aging
 - 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.

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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 30 Day of April, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar 4/30/13
Geraldine Salazar, 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 1ST Day Of May, 2013 at 02:22:09 PM
And Was Duly Recorded as Instrument # 1704226
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Marcella Salazar Geraldine Salazar
Deputy County Clerk, Santa Fe, NM