

SANTA FE COUNTY

RESOLUTION 1999 - 135

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 1999, did request the following budget adjustment:

Department / Division: Health & Human Services/MCH Program Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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	1503	371	9000	State Grants/Other	\$4,905.00	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					<b>\$4,905.00</b>	

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	1503	462	5003	Contractual Services/Professional Services	\$4,540.00	
101	0301	412	1022	Salary & Wages/Permanent Employees	276.00	
101	0301	412	2003	Employee Benefits/PERA	89.00	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					<b>\$4,905.00</b>	

Requesting Department Approval: *Agnes Chapman* Title: Acting Health & Human Services Department Date: October 19, 1999  
 Finance Department Approval: *Theresa Miller* Date: 10/19/99 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: *[Signature]* Date: 10-20-99

1702087

SANTA FE COUNTY

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Agnes Lopez

Dept/Div: Health & Human Services

Phone No.: 986-6375

**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 Maternal and Child Health contractual services budget by \$4540 and the administrative fee revenue to the County by \$365. The contractual services amount is to be used to provide a primary care data meeting on November 17, 1999.

- 2) Why was this request not included in the Fiscal Year 1999 Operating Budget?

The need for the primary care data meeting was not known. The grant money had not become available.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

Non-recurring

- 4) 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, cite statute and attach a copy.

MCH Grant, see attached MCH grant amendment #2

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Agnes Lopez

Dept/Div: Health & Human Services

Phone No.: 986-6375

**DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):**

- 4) (Continued):
  - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.  

N/A
  - d) Please identify other funding sources that can be used to match this request.  

N/A
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  

N/A
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.  

N/A

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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 26th Day of October, 1999.

Santa Fe Board of County Commissioners

*[Signature]*  
Joe S. Griné Jr., Chairperson



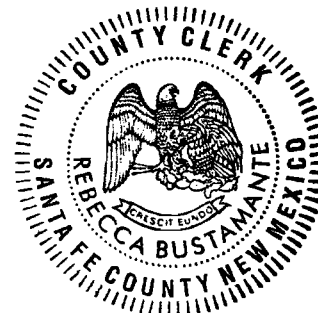
*[Signature]*  
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*  
Denice Brown, County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO (095) 078 )SS  
I hereby certify that this instrument was filed  
for record on the 27 day of Oct A.D.  
19 99, at 3:48 o'clock P m  
and was duly recorded in book 1702,  
page 87 - 90 of the records of  
Santa Fe County.

Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.  
*[Signature]*  
Deputy



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