

SANTA FE COUNTY
RESOLUTION 2001 - 100

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

1950428

Whereas, the Board of County Commissioners meeting in regular session on July 31, 2001, did request the following budget adjustment:

Department / Division: Community Health and Economic Development/Health

Fund Name: DOH Smart Move Program

Budget Adjustment Type: Budget Increase

Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

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	0000	371	15-00	State/Other	150,000	
TOTAL (if SUBTOTAL, check here)					150,000	

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	0413	465	10-26	Term Employees	27,140	
101	0413	465	20-01	FICA: Regular	1,683	
101	0413	465	20-02	FICA: Medicare	394	
101	0413	465	20-03	PERA	5,160	
TOTAL (if SUBTOTAL, check here X)					34,377	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 07/09/00

Finance Department Approval: [Signature]

Date: 7/24/01

Entered by: _____

Date: _____

County Manager Approval: [Signature]

Date: 7-31-01

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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	0413	465	20-05	Group Insurance	5,118	
101	0413	465	20-06	Retiree Health Care	272	
101	0413	465	20-08	Workers Compensation	16	
101	0413	465	30-01	In-State Mileage & Fares	600	
101	0413	465	30-03	In-State Meals & Lodging	400	
101	0413	465	50-03	Professional Services	22,500	
101	0413	465	50-90	Other Contractual Services	84,917	
101	0413	465	60-07	Office Supplies	1,800	
TOTAL (if SUBTOTAL, check here)					150,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health and Economic Development/Health

Phone #: 992-3056

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 establishes an initial budget for the DOH Smart Moves Program for FY-2002. The goal and purpose of this request and program is "To prevent and reduce alcohol, tobacco, and other drug abuse and related harmful behavior in youth in the context of community health improvement processes".

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

The grant agreement was finalized after the beginning of the fiscal year, after the FY-2002 Operating Budget process was completed.

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

This budget increase and the resulting expenditures are non-recurring. There is no future funding impact.

- 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.

This request is not a state special appropriation.

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

This grant includes state funding

State Grant Name: Smart Moves Program

State Grant Number : 01.665.62.833 A-1

Award Date : Amendment (07/01/01)

Amount : \$ 150,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health and Economic Development/Health

Phone #: 992-3056

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.

This action is not a result of Commission action.

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

There are no other funds available to match this request

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

This request does not impact the Capital Purchases category.

- 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.

This request establishes a one (1)-term position to administer the grant. The revenue source is this grant, and the term position terminates at the end of the grant. Therefore, there is no future funding impact.

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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 31st Day of July, 2001.


Santa Fe Board of County Commissioners


Paul Duran, Chairperson



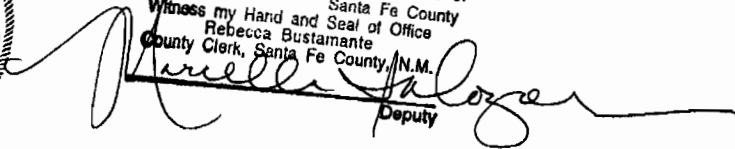

Rebecca Bustamante, County Clerk

Approved As To Form.


Steven Kopelman, County Attorney



1166 597
COUNTY OF SANTA FE
STATE OF NEW MEXICO } SS
I hereby certify that this instrument was filed
for record on the 1 day of Aug A.D.
20 01 at 8:27 o'clock 7 m
and was duly recorded in book 1950
page 428-432 of the records of

Witness my Hand and Seal of Office
Santa Fe County
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Deputy