SANTA FE COUNTY RESOLUTION 2001- 164

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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 30, 2001, did request the following budget adjustment:

Departments/Divisions: Community Health & Development/MCH

Fund Name: Frost Foundation: MCH

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	0417	385	06-00	Budgeted Cash/Miscellaneous Revenue/Donations	4,079	
101	0417	360	01-09	Contribution, Donation, & Agreement/Frost Found	45,000	
			_			
TOTAL (i	TOTAL (if SUBTOTAL, check here) 49,079					

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	0417	462	50-03	Contractual Services/Professional Services	41,579	
101	0417	462	50-90	Contractual Services/Other Contractual Services	7,000	
101	0417	462	70-02	Rent of Land and Buildings	500	
1						
TOTAL (i	TOTAL (if SUBTOTAL, check here				49,079	

Requesting Department Approval: Robert A. Anava	Title: Department Director	Date: <u>10/01/01</u>
Finance Department Approval: Athle Welle Date: 10[23]0/	Entered by:	Date:
County Manager Approval: Uare: 10-23-01		
		-

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001594

SANTA FE COUNTY

RESOLUTION 2001- <u>/64</u>

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Dlv: Community Health & Development/Maternal Child Healthcare

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 increases Maternal Child Healthcare budget by \$ 49,079. The purpose of this request is to budget funds granted to the Maternal and Child Health Planning Council by the Frost Foundation. The revenue consists of \$ 4,079 remaining from the FY-2001 grant, and \$ 45,000 from the FY-2002 grant.

\$ 41,579 of these funds will be used for the Child Infant Project contract with Las Cumbres Learning Center. \$ 7,500 will be used to provide community training to healthcare professionals concerning child and infant healthcare.

• 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

We were unable to project the balance of FY-2001 funds, or know whether we would receive the FY-2002 funding at the time the operating budget was created.

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

This budget transfer and the resulting expenditures are non-recurring. There are no future funding impacts.

- 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 does not involve a state special appropriation.

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

This grant does not include state or federal funding.

2001595

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Maternal Child Healthcare

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 request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
 Santa Fe County is contributing \$ 130,000 to this program in FY-2002 from the 232/Health Care Fund.
- 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 has no FTE impact.

SANTA FE COUNTY

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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 30th Day of October, 2001.

Santa Fe Board of County Commissioners

Paul Duran, Chairman

Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

Santa Fe County Attorney's Office

COUNTY CO

COUNTY OF SANTA FE
STATE OF NEW MEXICO
HEREBY CERTIFY THAT THIS INSTRUMENT WAS FE
POR RECORD ON THE THE COUNTY
AND WAS DULY RECORDED IN BOOK. 2001.
WINNESS MY HAMP SANTA FE COUNTY

CHESS AT HAND AND SEAL OF OFFICE RESERVED AND SEAL OF OFFICE OF THE CLERK SOUTH FECOMENTY, MAN

Expenditure of Funds

2001598

This grant (together with any income earned upon investment of the grant proceeds) is made for the sole purpose(s) outlined in the grant proposal and may not be expended or used for any other purpose without the Foundation's prior written approval.

You may not expend or use any of the proceeds of this grant for any political or lobbying activity or for any other purpose that is not described in Section 170(c)(2) of the Code.

Should any of the grant monies be used by you in a manner inconsistent with this section, you agree to immediately notify the Foundation and tender back to the Foundation an amount equal to all funds provided to you by the Foundation. The decision as to whether to accept that tender or grant a new or revised approval for the expenditure of the funds, is within the sole discretion of the Foundation. If you wish the Foundation to exercise its discretion to revise or amend its approval for the expenditure of the funds, you must submit a new detailed grant request with your tender of the funds to the Foundation.

Records and Reports and Separate Account

You are required to keep a record of all receipts and expenditures relating to this grant and to provide the Foundation with a report summarizing the project at the end of the grant period, _______. With the report you will provide copies of receipts and contracts for the expenditure of the grant money for each primary purchase. "Primary purchase" means the purchase of each item or service specifically identified in the grant proposal for which grant money has been provided.

To assist in tracing the funds from this grant, you agree to maintain a separate bank account for the project being funded. All monies received from the Foundation will be deposited into this separate bank account and payments will be made from this account directly for the purposes of the grant. In addition to funds from the Foundation, you may deposit other funds into this account designated or restricted to the project to which this grant contributes. No payments for purposes other than those described in your grant application and approved by the Foundation will be made from this separate account.

You are required to keep the financial records with respect to this grant, along with any reports submitted to the Foundation, for at least four years following the year in which the funds are fully expended.

Required Notification

You are required to provide the Foundation with immediate written notification of: (a) any changes in your organization's tax-exempt status; (b) your inability to expend the grant for the purpose described in the grant award letter; or (c) any expenditure from this grant made for any purpose other than those for which the grant was intended.

Continuing Review and Evaluation

You agree to allow the Foundation, through its officers, agents, and consultants, to have complete access, upon reasonable notice, to your files, records, facilities, and personnel to review, evaluate, verify, or audit your program and the use of the grant funds, as it deems appropriate. You will also promptly respond to any inquiries from the Foundation concerning your program, use of the grant funds, or asking for an accounting of the grant funds.

In addition to cooperating with any review or evaluation done by the Foundation, you agree to complete a grant evaluation form provided to you by the Foundation. You will complete this form at the earlier of the completion of the funded program or at the end of each grant year in which the funds are used. The completion of these evaluation questionnaires is important to the Foundation and you agree to provide complete details as requested in the questionnaire.

Publicity

You will release no publicity concerning this grant until you have submitted it to the Foundation for review and obtained the prior approval of the Foundation for the publicity.

Reserved and Continuing Rights of the Foundation

The Foundation reserves the right to discontinue, modify, or withhold any payments to be made under this grant award or to require a total or partial refund of any of the grant funds if, in the Foundation's sole judgment, such action is appropriate: (a) because you have not fully complied with the terms and conditions of this grant, including the provisions of the grant award letter, requirements contained in these GENERAL GRANT TERMS AND CONDITIONS, and the FOUNDATION'S GUIDELINES FOR GRANT-MAKING ACTIVITY; (b) to protect the purposes and objectives of this grant or any other charitable interest of the Foundation; (c) to comply with the requirements of any law or regulation affecting the Foundation's responsibilities with respect to this grant; or (d) to comply with the requirements of any law or regulation affecting the Foundation's tax exempt status.

The undersigned certify that they are duly elected and authorized officers of the Grantee and that as such are authorized to accept this grant on behalf of the Grantee, to obligate the Grantee to observe all of the terms and conditions placed on this grant, and in connection with this grant to make, execute, and deliver on behalf of the Grantee all grant agreements, representations, receipts, reports, and other instruments of every kind.

ACCEPTED AND AGREED TO:	ATTEST:
	ζ.
Grantee	Secretary of the Board
Ĺ	*
President or Chairman of the	Date
Board of Directors or Trustees	

By accepting the grant funds the Grantee agrees to all of the terms and conditions contained in this GENERAL GRANT TERMS AND CONDITIONS, the terms and conditions specified in the grant award letter issued to the Grantee, and the FOUNDATION'S GUIDELINES FOR GRANT-MAKING ACTIVITY. The grant of the funds by the Foundation

Date, sign, and return this form to:

THE FROST FOUNDATION 511 Armijo Street, #A Santa Fe, NM 87501

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SF County MCH Program						
Fund Expenses for FY-2001						
Item	DOH (CY)	DOH (PY)	Frost	232	Totals	
Budget	209,465.00	1,970.00	45,000.00	105,000.00	361,435.00	
Powers, Edith	60,723.19			5,000.00	65,723.19	
La Familia	48,645.55				48,645.55	
PMS	32,000.00				32,000.00	
SFCC	19,059.18	934.47			19,993.65	
PV Schools	26,700.00				26,700.00	
SF Family Center			33,785.06	100,000.00	133,785.06	
Klaus, Marshall			3,136.21		3,136.21	
Heffron, Mary Claire			2,108.00		2,108.00	
Unser, Deborah Harris			532.18		532.18	
Fulreader, Cynthia			532.18		532.18	
Total Contracting	187,127.92	934.47	40,093.63	105,000.00	333,156.02	
Operating Expenses	4,009.01				4,009.01	
Weston, Donna	1,657.07		691.43		2,348.50	
Patterson Dental Supplies		172.79			172.79	
Mienke, Kim		50.00			50.00	
Quik Print		812.74	135.22		947.96	
Total Operating Expenses	5,666.08	1,035.53	826.65	0.00	7,528.26	
Total Administrative Costs	16,671.00				16,671.00	
Total Expenditures	209,465.00	1,970.00	40,920.28	105,000.00	357,355.28	
Balance	0.00	0.00	4,079.72	0.00	4,079.72	