

SANTA FE COUNTY
RESOLUTION 2001- 28

1866378

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

Whereas, the Board of County Commissioners meeting in regular session on February 27, 2001, did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development

Fund Name: Maternal Child Health Care

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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 | 385 | 02-00 | Budgeted Cash | 1,970 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 1,970 | |

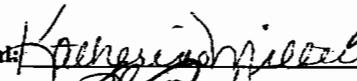
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/ OBJECT XXXX | CATEGORY / LINE ITEM NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---|---------------------------------|------------------------------|----------------------------|--|--------------------|--------------------|
| 101 | 0403 | 462 | 50-03 | Contractual Services/Professional Services | 1,000 | |
| 101 | 0403 | 462 | 60-07 | Office Supplies | | 486 |
| 101 | 0403 | 462 | 60-09 | Educational Supplies | | 300 |
| 101 | 0403 | 462 | 70-02 | Rent of Land and Buildings | 500 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 1,500 | 786 |

Requesting Department Approval: Robert A. Anaya 

Title: Director

Date: 02/13/00

Finance Department Approval:  Date: 2/21/01

Entered by: _____ Date: _____

County Manager Approval:  Date: 2-27-01

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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| 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 | 0403 | 462 | 70-33 | Seminars & Workshops | | 980 |
| 101 | 0403 | 462 | 70-37 | Printing/Publishing/Advertisement | 2,236 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 3,736 | 1,766 |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic 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 \$ 1,970. The purpose of this request is to:

- a) Adjust the current year budget so that it may be used more efficiently; and
- b) budget the prior year cash balance amount of \$ 1,970, so that it may be used for programmatic purposes in this fiscal year.

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

An estimate of the FY-2001 budget was included in the operating budget. A subsequent BAR was performed to adjust the budget. However, as the year has progressed, it has become necessary to move funds between categories. Once last year's cash balance was determined, a decision was made to expend the \$ 1,970 on programmatic needs.

- 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:

This request includes state funding.

- a) If this is a state special appropriation, cite statute and attach a copy.

This is not a state special appropriation.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development

Phone #: 992-3060

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):

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

This is a state grant.

| | | | |
|------------|------------------------------|--------------|--------------------|
| Grant Name | : Maternal Child Health Care | Grant Number | : 99/665.4200.0010 |
| Award Date | : 07/01/00 | Amount | : \$ 209,465 |

- 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 \$ 105,000 to this program in FY-2001 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.

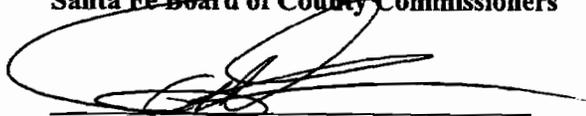
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of February, 2001.

Santa Fe Board of County Commissioners



Paul Duran, Chairman



ATTEST



Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By

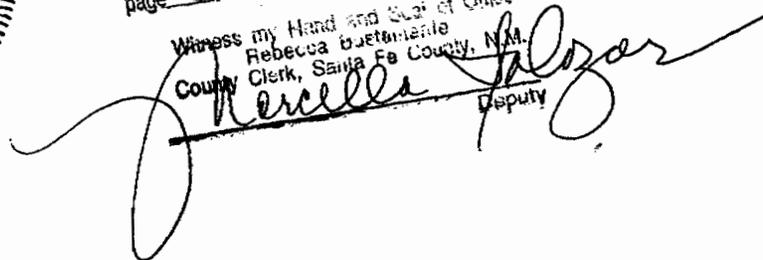


Steven Kopelman



1146974 } SS
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 8th day of Mar A.D.
20 01 at 8:14 o'clock AM
and was duly recorded in 1866
page 378-382 of the records of
Santa Fe County

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



Deputy

1866382