

RESOLUTION 2003- 160

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

Whereas, the Board of County Commissioners meeting in regular session on Oct. 28, 2003 did request the following budget adjustment:

Departments/Divisions: Community & Health Development Department/ Home for Good Program Fund Name: Home For Good

Budget Adjustment Type: Budget Increase

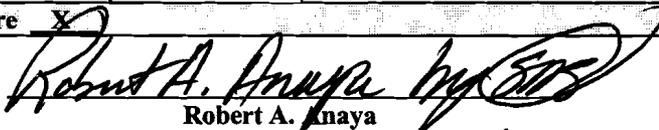
Fiscal Year: 2004: (July 1, 2003 - June 30, 2004)

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	0429	372	09-03	Other/US Department of Education	341,340	
<b>TOTAL (if SUBTOTAL, check here )</b>					341,340	

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	0429	464	10-26	Salary & Wages	115,307	
101	0429	464	20-01	FICA Regular	7,928	
101	0429	464	20-02	FICA Medicare	1,854	
101	0429	464	20-03	Retirement Contributions	24,320	
101	0429	464	20-05	Health Care	9,111	
101	0429	464	20-06	Retirement Health Care	1,733	
<b>TOTAL (if SUBTOTAL, check here )</b>					160,253	

Requesting Department Approval: Robert A. Anaya   
 Robert A. Anaya

Title: Director Date: 10/15/03

Finance Department Approval: Susan J. Lucas Date: 10/22/03

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 10-22-03

2694370

RESOLUTION 2003-760 05/23/2005

BUDGET ADJUSTMENT CONTINUATION SHEET

2694371

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
<b>TOTAL (if SUBTOTAL, check here )</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	0429	464	20-08	Workers Compensation	24	
101	0429	464	30-01	In-State Travel Mileage & Fares	1,050	
101	0429	464	30-02	Out-of-State Travel Mileage & Fares	2,000	
101	0429	464	30-03	In-State Meals & Lodging	1,100	
101	0429	464	30-04	Out-Of-State Meals & Lodging	3,129	
101	0429	464	30-05	Travel Gas & Oil	700	
101	0429	464	40-04	Vehicle Maintenance	528	
101	0429	464	40-06	Equipment Maintenance	2,000	
101	0429	464	40-10	Pest Control	500	
101	0429	464	50-01	Audit Contracts	4,000	
101	0429	464	50-03	Professional Contracts	105,141	
101	0429	464	60-07	Office Supplies	4,500	
101	0429	464	60-08	Field Supplies	450	
101	0429	464	70-01	Rent of Equipment	1,750	
101	0429	464	70-03	Operating Costs-Telephone	5,000	
101	0429	464	70-04	Operating Costs-Electricity	1,500	
101	0429	464	70-05	Operating Costs-Gas & Heating	2,500	
101	0429	464	70-06	Operating Costs-Garbage & Sewer	1,000	
101	0429	464	70-07	Operating Costs-Water	1,000	
101	0429	464	70-33	Operating Costs-Seminars & Workshops	2,000	
101	0429	464	70-36	Operating Costs-Postage	500	
101	0429	464	70-37	Operating Costs-Advertising	1,000	
101	0429	464	70-39	Operating Costs-Subscriptions & Dues	450	
101	0429	464	80-03	Capital Purchasing-Equipment & Machinery	21,785	
101	0429	464	80-04	Capital Purchasing-Furniture & Fixtures	17,480	
					<b>341,340</b>	

RESOLUTION 2003 160

2694372

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department/Home for Good Program

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.):

- 1) Please summarize the request and its purpose.  
The request increases the CHDD budget by \$341,340.00. The purpose of this request is to establish an initial budget for the Home for Good Program grant that was awarded to CHDD through the US Department of Education for FY 2004
- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?  
This grant had not been awarded when the fiscal year began, so we were unable to include it in our budget.
- 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 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 Federal funding.
  - a) If this is a state special appropriation, cite statute and attach a copy.  
This is not a state special appropriation.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.  
This is a Federal grant.  
Grant Name: Santa Fe County Home For Good Program      Grant Number: Q255A030007  
Award Date: 09/23/03      Amount : 341,340.00

RESOLUTION 2003- 160

2694373

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department/Home For Good Prgram 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):
  - 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.  
Match is in-kind only.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
To be determined at a later date.
- 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 will change one FTE from a part-time term employee to a full-time term employee.

2694374

SPL. CLERK RECORDED 06/23/2005

SANTA FE COUNTY

RESOLUTION 2003- 160

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 28th Day of October, 2003

Santa Fe Board of County Commissioners

*Jack Sullivan*  
Jack Sullivan, Chairman



ATTEST:

*Rebecca Bustamante*  
Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By *[Signature]* 10-22-03  
Santa Fe County Attorney's Office



1298.286  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO } ss  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 29 DAY OF Oct A.D.  
20 03 AT 8:10 O'CLOCK AM  
AND WAS DULY RECORDED IN BOOK 2694  
PAGE 370-374 OF THE RECORDS OF  
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
*Marcella [Signature]*  
DEPUTY