

SANTA FE COUNTY

RESOLUTION 2003- 164

2719577

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

Whereas, the Board of County Commissioners meeting in regular session on November 25, 2003, did request the following budget adjustment:

Departments/Divisions : CHDD and PFMD/Projects and Operations Division Fund Name : State SAP: Mobile Health Unit

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
318	0754	371	00-00	Grants: State	142,310	
TOTAL (if SUBTOTAL, check here )					142,310	

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
318	0754	481	80-09	Capital Purchases: Vehicles	142,310	
TOTAL (if SUBTOTAL, check here )					142,310	

Requesting Department Approval: Robert A. Anava *Robert A. Anava by [Signature]* Title: Department Director Date: 11/10/03

Finance Department Approval: [Signature] Date: 11/18/03 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2719578

SPL. CLERK (HARRIS) 06/23/2005

**SANTA FE COUNTY**

**RESOLUTION 2003- 164**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: CHDD and PFMD/Project and Operations Division

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 fund 318 by \$ 142,310. These funds will be used to purchase a Mobile Health Unit. The funds will be budgeted in the Capital Outlay: Vehicles Category.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?

The Divisions involved in this project were not prepared to go ahead with the purchase of the Unit until after the budget process was complete.

- 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 is a state special appropriation.

Department of Finance and Administration\Local Governments Division Laws of 2002 (See Attached Grant Agreement)

- 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.

**SANTA FE COUNTY**  
**RESOLUTION 2003- 164**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: CHDD and PFMD/Project and Operations Division

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.  

Funding from the Memorandum of Agreement between Santa Fe County and St. Vincent Hospital will be used for Operating Expenditures for this project.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  

Funding included in this request will be used to purchase a Mobile Health Unit.
- 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.

2719580

REC. CLERK (RECORDED) 06/23/2005

# SANTA FE COUNTY

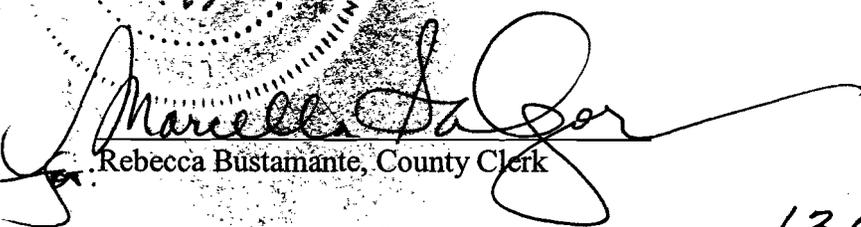
## RESOLUTION 2003-164

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 25th Day of November, 2003

Santa Fe Board of County Commissioners

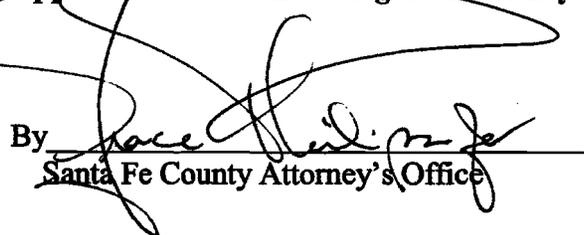
  
\_\_\_\_\_  
Jack Sullivan, Chairman

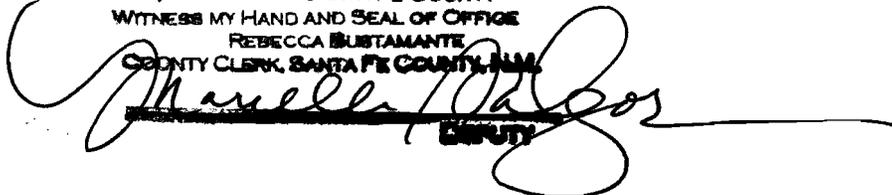
  
ATTEST:  
  
Rebecca Bustamante, County Clerk

  
COUNTY CLERK  
SANTA FE COUNTY NEW MEXICO  
REBECCA BUSTAMANTE  
VERESCI FUNDUS

1303.314  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 1 DAY OF Dec. A.D.  
20 03 AT 9:14 O'CLOCK A. M.  
AND WAS DULY RECORDED IN BOOK 2719  
PAGE 577-580 OF THE RECORDS OF  
SANTA FE COUNTY

Approved as to Form & Legal Sufficiency.

  
By \_\_\_\_\_  
Santa Fe County Attorney's Office

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
  
RECORDED