

SANTA FE COUNTY

RESOLUTION 2003- 05

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

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

Department/Division: Community Health & Development/Community Health Fund Name: EMS/Health Care: Kellogg Foundation

Budget Adjustment Type: Budget Increase

Fiscal Year: 2003: (July 1, 2002 - June 30, 2003)

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
232	0427	360	01-90	Contributions/Donations/Kellogg Foundation	40,000	
232	0427	385	02-00	Budgeted Cash	9,381	
TOTAL (if SUBTOTAL, check here)					49,381	

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
232	0427	466	10-21	Exempt Employees	16,016	
232	0427	466	20-01	FICA: Regular	995	
232	0427	466	20-02	FICA: Medicare	235	
232	0427	466	20-03	Retirement Contributions	3,050	
Total (if SUBTOTAL, check here X)					20,296	

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya* Title: Director Date: 01/13/03

Finance Department Approval: [Signature] Date: 1/21/03 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

2327456

SANTA FE COUNTY

RESOLUTION 2003- 05

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
232	0427	466	20-05	Health Care	535	
232	0427	466	20-06	Retirement Health Care	110	
232	0427	466	20-08	Workers Comp (Assessment)	2	
232	0427	466	50-90	Other Contractual Services	18,000	
232	0427	466	70-37	Printing\Publishing\Advertising	8,000	
232	0427	466	70-41	Reporting & Recording	2,438	
TOTAL (if SUBTOTAL, check here)					49,381	

2327457

SANTA FE COUNTY

RESOLUTION 2003- 05

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Community 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 increases the EMS/Health Care fund by \$ 49,381. This represents a remaining balance of \$9,381 from FY-2001 and a FY-2003 award of \$40,000 from the Kellogg Foundation.

The purpose of this grant is to perform county health care planning and promotion as directed by the Santa Fe County Board of County Commissioners and its Health Planning Commission.

- 2) Why was this request not included in the fiscal year 2002 Operating Budget?

The balance of funds was budgeted in FY-2002. It was not known by staff that the balance was eligible to be carried over into FY-2003, as well as there was \$ 40,000 of second year funding.

- 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 will be 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 include state funds.

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

This is not a state or federal grant.

SANTA FE COUNTY

RESOLUTION 2003- 05

2327458

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development/Community 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 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 donates staff time, use of equipment and materials to the efforts of the Health Planning Commission. Other than this in-kind match, there are no other available funds that can be used 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 grant funds a 0.25 FTE exempt Legislative Services Manager position.

SANTA FE COUNTY
RESOLUTION 2003- 05

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 January, 2003.

Santa Fe Board of County Commissioners



Jack Sullivan, Chairperson



ATTEST:



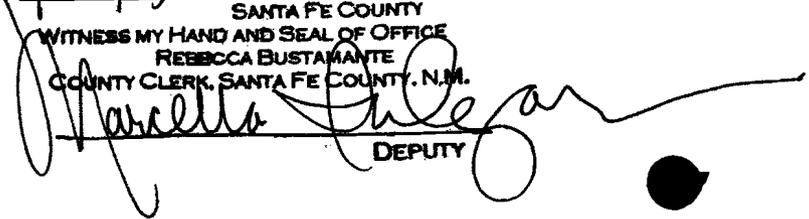
Rebecca Bustamante, County Clerk



Approved As To Form.


By _____
Santa Fe County Attorney

1246.445
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF Jan A.D.
20 03 AT 1:05 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2327
PAGE 45-49 OF THE RECORDS OF

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


DEPUTY