

SANTA FE COUNTY

RESOLUTION 2003 - 68

SFC CLERK RECODDING 05/12/2004

2533880

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

Whereas, the Board of County Commissioners meeting in regular session on May 27, 2003, did request the following budget adjustment:

Department / Division: Community Health and Development Dept./Community Health Fund Name: NM DOH IHI Grant

Budget Adjustment Type: Budget Decrease 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
101	0426	371	05-00	State/Department of Health		7,500
TOTAL (if SUBTOTAL, check here)						7,500

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	0426	465	10-26	Term Employees		148
101	0426	465	20-01	FICA (Regular)		10
101	0426	465	20-03	Retirement Contributions		20
101	0426	465	20-06	Retiree Health Contributions		185
TOTAL (if SUBTOTAL, check here x)						363

Requesting Department Approval: Robert A. Anaya

Title: Director Date: 05/09/03

Finance Department Approval: [Signature] Date: 5/19/03

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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
101	0426	465	30-01	In State Travel: Mileage		700
101	0426	465	30-02	Out of State Travel: Mileage		700
101	0426	465	30-03	In State Travel: Meals & Lodging		362
101	0426	465	30-04	Out of State Travel: Meals & Lodging		700
101	0426	465	60-01	Inventory Exempt		551
101	0426	465	60-07	Office Supplies		179
101	0426	465	60-08	Field Supplies		500
101	0426	465	70-33	Seminars & Workshops		2,013
101	0426	465	70-36	Postage & Mail Services		17
101	0426	465	70-37	Printing/Publishing/Advertising		1,415
TOTAL (if SUBTOTAL, check here)						7,500

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SFC CLERK RECORDING 08/11/2004

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

Dept/Div: Community Health & Development Department/NM DOH IHI Grant

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 reduces the New Mexico Department of Health (NMDOH) Improving Health Initiative grant by \$ 7,500. This is necessary as NMDOH reduced the grant amount from \$ 27,500 to \$ 20,000. This was a result of the NMDOH adjusting their statewide budget, and Santa Fe County making the decision not to apply for second year funding for this grant.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

NMDOH notified Santa Fe County of the amount of this reduction in March 2003.

- 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 impact.

- 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 contains state funding:

State Grant Name: Improving Health Initiative	State Grant Number	: 0366542000061
Award Date : 08/20/02	Amount	: \$ 27,500

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

This grant does not include federal funding

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Phone #: 992-3056

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/NM DOH IHI Grant

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 action is not a result of direct commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funds available 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 request has no FTE impact.

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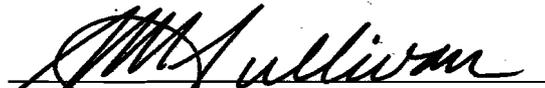
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of May, 2003.

Santa Fe Board of County Commissioners


Jack Sullivan, Chairperson

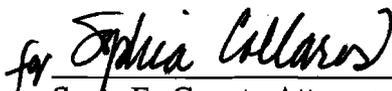


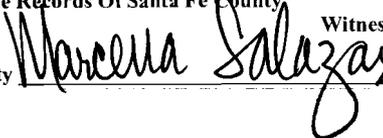
ATTEST:


Rebecca Bustamante, County Clerk



Approved As To Form.

for 
Santa Fe County Attorney

COUNTY OF SANTA FE) 1267 863
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed For Record On The
28 Day Of May, A.D., 2003 at 10:03 AM/PM And
Was Duly Recorded In Book 2535 Page 880-884
Of The Records Of Santa Fe County
Deputy  Witness My Hand And Seal Of Office
Rebecca Bustamante
County Clerk, Santa Fe, NM