SFC CLERK RECORDED 11/04/2004

SANTA FE COUNTY

RESOLUTION 2004 - 132

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 2004, did request the following budget adjustment:

Department / Division: Health & Human Services/Maternal Child & Health

Fund Name: Maternal Child & Health

Budget Adjustment Type: Budget Decrease

Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	0437	360	01-14	United Way/Early Childhood Contribution Donation & Agreement		12,384
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	0437	462	50-03	Professional Services		184
101	0437	462	50-90	Other Contractual Services		11,455
101	0437	462	70-02	Rent of Land/Building		745
TOTAL (if SUBTOTAL, check here ____)						12,384

Requesting Department Approval: _____ **Title: Director** **Date: 10/6/04**

Finance Department Approval: _____ **Date:** 10.19.04 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

SFC CLERK RECORDED 11/04/2004

SANTA FE COUNTY

RESOLUTION 2004 - 132

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd **Dept/Div:** Health & Human Services Department/Maternal & Child Health **Phone #:** 992-9840

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 overall budget by the amount expended during FY '04 to accurately reflect the available funds in this grant.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

  The total amount of the grant was budgeted in error.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

  This is a non-recurring transfer, and 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 not a state special appropriation.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.

    This grant does not include state funding

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SANTA FE COUNTY

RESOLUTION 2004 - 132

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd **Dept/Div:** Health & Human Services Department/Maternal & Child Health **Phone #:** 992-9840

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, and there is no future funding impact.

SFC CLERK RECORDED 11/04/2004

Resolution requesting a budget decrease to the General Fund (101) / MCH Grant Project

SANTA FE COUNTY

RESOLUTION 2004 - 132

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 26th Day of October, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

By _____
for Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTION
PAGES 4

I Hereby Certify That This Instrument Was Filed
And Recorded On The 4TH Day Of November, A.D. 2004 at 16
Duly Recorded as Instrument # [redacted]
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
County Clerk, Santa Fe, NM
Deputy