SANTA FE COUNTY

RESOLUTION 2004- 35

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

Whereas, the Board of County Commissioners meeting in regular session on March 9, 2004, did request the following budget adjustment:

Departments/Divisions : Community Health & Development/Health Division Fund Name : Detoxification/Care Connection

Budget Adjustment Type : Budget Adjustment 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
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	0422	464	10-26	Term Employees	9,800	
101	0422	464	30-01	FICA: Regular	610	
101	0422	464	20-02	FICA: Medicare	145	
101	0422	464	20-03	Retirement Contributions	1,865	
TOTAL (if SUBTOTAL, check here x)					12,420	

Requesting Department Approval: Robert A. Anaya Robert A. Anaya **Title:** Department Director **Date:** 03/01/04

Finance Department Approval: Susan M. Lucero **Date:** 3-2-04 **Entered by:** _____ **Date:** _____

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

7/23/2014

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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	0422	464	20-05	Health Care	1,410	
101	0422	464	20-06	Retirement Healthcare	135	
101	0422	464	20-08	Worker's Compensation	4	
101	0422	464	50-90	Contractual Services: Other Contractual Services	122,000	
101	0422	464	80-01	Capital Purchases: Buildings and Structures	19,031	
101	0422	464	80-03	Capital Purchases: Equipment and Machinery	20,000	
101	0422	464	80-04	Capital Purchases: Furniture and Fixtures	125,000	
101	0422	464	50-03	Contractual Services: Professional Services		200,000
101	0422	464	80-02	Capital Purchases: Building Capitalized CS		100,000
TOTAL (if SUBTOTAL, check here ____)					300,000	300,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya **Dept/Div:** Community Health & Development/Health/Care Connection **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 adjusts the budget for the DWI Program Detoxification Grant. The Salary and Employee Benefit categories are being increased by $ 13,969. The Contractual Services category is being reduced by $ 78,000. The Capital Purchases category is being increased by $ 64,031.

  The request will allow the Health Division to complete renovations of Phase I of the Care Connection. This is the screening, assessment, referral, and data sections of the project. This will also allow the Health Division to hire a 1.0 FTE to work with the Care Connection group, Health Policy & Planning Commission, BCC, grant administration, building renovations, and setting up operations.

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

  This grant was included in the FY-2004 Operating Budget request. This resolution adjusts the budget for the grant. We are adjusting the budget as a resolution as it increases staff by one (1) FTE.

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

  This budget transfer is non-recurring. This transfer will increase future expenditures in the Salary and Employee benefits category as long as the County employs the FTE included in this request.

- 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 involves a state special appropriation.

Grant Name	: DWI Detoxification Grant **(Annual Recurring Grant)**	Grant Number	: 02-X-I-G-27
Award Date	: 07/01/03	Amount	: $ 300,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya **Dept/Div:** Community Health & Development/Health/Care Connection **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):
  - 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.
  - 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.

    This funding will be matched with other this annual state funding ($ 300K), MOA funding (Currently $ 350K), and other dollars devoted to this project.

- 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 impact the Capital Purchases Category. Capital Purchases funding will be used to renovate the Galisteo Street building for Phase I of the Care Connection and purchase the some of the data equipment required for the project.

- 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 includes a request for a 1.0 FTE Term Position for the care connection. The future funding impact for FY-2005 is estimated to be $ 53,326. The revenue source for future funding will be DWI Detoxification Grant #02-X-I-G-27.

  This FTE will work with the Care Connection group, Health Policy & Planning Commission, BCC, grant administration, building renovations, and setting up operations.

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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 9th Day of March, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairman

COUNTY CLERK REBECCA BUSTAMANTE SANTA FE COUNTY NEW MEXICO

ATTEST:

Rebecca Bustamante

Rebecca Bustamante, County Clerk

COUNTY CLERK

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 11TH Day Of March, A.D., 2004 at 15:14 And Was Duly Recorded as Instrument # 1317891 Of The Records Of Santa Fe County

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

Approved as to Form & Legal Sufficiency.

By Sophia Collaros
for Santa Fe County Attorney's Office

7/23/2014