SFC CLERK RECORDED 07/06/2004

SANTA FE COUNTY

RESOLUTION 2004 - 69

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

Whereas, the Board of County Commissioners meeting in regular session on June 29, 2004, did request the following budget adjustment:

Department / Division: CHDD/Maternal and Child Health Council Fund Name: Maternal and Child Health Council

Budget Adjustment Type: Budget Increase 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	0417	385	06-00	Budgeted Cash	3,749	
TOTAL (if SUBTOTAL, check here ____)					3,749	

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	0417	462	50-03	Professional Services	3,749	
TOTAL (if SUBTOTAL, check here ____)					3,749	

Requesting Department Approval: Robert A. Anaya Robert A. Anaya by SB **Title:** Director **Date:**

Finance Department Approval: **Date:** 6/21/04 **Entered by:** **Date:**

County Manager Approval: **Date:**

7/23/2014

SFC CLERK RECORDED 07/06/2004

SANTA FE COUNTY

RESOLUTION 2004 - 69

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya **Dept/Div:** CHDD/Maternal and Child Health Council **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 budgets available funds not expended during fiscal year 2004.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

  It was not known that the funds would not be expended during FY-2004 until after the FY-2005 budget cycle was complete.

- 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 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

7/23/2014

SFC CLERK RECORDED 07/06/2004

SANTA FE COUNTY

RESOLUTION 2004 - 69

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya **Dept/Div:** CHDD/Maternal and Child Health Council **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 action is not a result of 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.

7/23/2014

SFC CLERK RECORDED 07/06/2004

SANTA FE COUNTY

RESOLUTION 2004 - 69

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 29th Day of June, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

COUNTY CLERK REBECCA BUSTAMANTE SANTA FE COUNTY NEW MEXICO

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

6-18-04

Stephen Ross, County Attorney

COUNTY CLERK

BCC RESOLUTIONS
PAGES: 4

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 6TH Day Of July, A.D., 2004 at 09:15 And Was Duly Recorded as Instrument # 1336029 Of The Records Of Santa Fe County

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

Deputy

7/23/2014