SANTA FE COUNTY

SFC CLERK RECORDED 07/15/2004

RESOLUTION 2004- 72

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

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

Departments/Divisions: Health and Human Services Department/ Home for Good Program El Norte Fund Name: Home For Good El Norte

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	0453	372	09-03	State Dept. of Health	211,928	
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	0453	466	10-26	Salary & Wages	57,653	
101	0453	466	20-01	FICA Regular	3,575	
101	0453	466	20-02	FICA Medicare	836	
101	0453	466	20-03	Retirement Contributions	10,966	
101	0453	466	20-05	Health Care	4,111	
101	0453	466	20-06	Retirement Health Care	2,412	
TOTAL (if SUBTOTAL, check here X)					79,553	

Requesting Department Approval: _____ **Title:** Director **Date:** 07/01/04
Stephen Shepherd

Finance Department Approval: _____ **Date:** 7/13/04

Entered by: _____ **Date:** _____

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

RESOLUTION 2004- 72

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (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
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
				BALANCE BROUGHT FORWARD	79,553	
101	0453	466	20-08	Workers Comp	8	
101	0453	466	50-03	Professional Contract	115,241	
101	0453	466	70-03	Operating Costs – Telephone	1,427	
101	0453	466	80-03	Capital Purchases – Equipment & Machinery	12,752	
101	0453	466	80-04	Capital Purchases – Furniture & Fixtures	2,947	
					211,928	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd, Director **Dept/Div:** Health and Human Services Department/Home for Good – El Norte Program **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.
  The request increases the HHSD budget by $211,928.00. The purpose of this request is to establish an initial budget for the Home for Good Program grant that was awarded to HHSD through Department of Health for FY 2005
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

  This grant had not been awarded when the fiscal year began, so we were unable to include it in our budget.
- 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 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:

  This request includes Federal funding.

  - a) If this is a state special appropriation, cite statute and attach a copy.

    This is not a state special appropriation.

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

    This is a State grant.

    Grant Name: Santa Fe County Home For Good Program Grant Number: No. 04.665.6600-0075

    Award Date: 07/01/04 Amount : 211,928.00

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SANTA FE COUNTY

RESOLUTION 2004- 72

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:
Name: Stephen Shepherd **Dept/Div:** Health and Human Services Department/Home For Good El Norte **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 request is not the result of Commission action.

  - d) Please identify other funding sources that can be used to match this request.

    Match is in-kind only.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
  To be determined at a later date.

- 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 will increase FTE by two.

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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 13th Day of July, 2004

Santa Fe Board of County Commissioners

Paul Campos, Chairman

ATTEST:

Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By _____
Santa Fe County Attorney's Office

COUNTY CLERK
REBECCA BUSTAMANTE
SANTA FE COUNTY NEW MEXICO
CRESCIT EUNDO

BCC RESOLUTIONS
COUNTY OF SANTA FE) PAGES: 5
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 15TH Day Of July, A D , 2004 at 13:03
And Was Duly Recorded as Instrument # 1337508
Of The Records Of Santa Fe County

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