SFC CLERK RECORDED 07/28/2004

SANTA FE COUNTY

RESOLUTION 2004 - 78

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

Whereas, the Board of County Commissioners meeting in regular session on July 27, 2004 did request the following budget adjustment:

Department / Division: Health and Human Services

Fund Name: General Fund (101), Indigent Fund (220) and EMS – Healthcare Fund (232)

Budget Adjustment Type: Budget Transfer Between Funds

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
232	0724	390	0100	Operating Transfer In / From General Fund	20,593.43	
232	0724	390	0300	Operating Transfer In / From Special Revenues	13,728.95	
TOTAL (if SUBTOTAL, check here)					34,322.38	

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
232	0724	464	7003	Other Operating Costs / Telephone	21,365.65	
232	0724	464	7004	Other Operating Costs / Electricity	7,838.52	
232	0724	464	7005	Other Operating Costs / Gas & Heating	3,031.53	
232	0724	464	7006	Other Operating Costs / Garbage & Sewer	1,526.70	
232	0724	464	7007	Other Operating Costs / Water	559.98	
TOTAL (if SUBTOTAL, check here X)					34,322.38	

Requesting Department Approval: Teresa C Martinez **Title:** Accounting Supervisor **Date:** 7/20/04

Finance Department Approval: [signature] **Date:** 7/20/04 **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	0404	490	0100	Operating Transfer Out	13,728.95	
101	0404	464	7003	Other Operating Costs / Telephone		8,546.26
101	0404	464	7004	Other Operating Costs / Electricity		3,135.41
101	0404	464	7005	Other Operating Costs / Gas & Heating		1,212.61
101	0404	464	7006	Other Operating Costs / Garbage & Sewer		610.68
101	0404	464	7007	Other Operating Costs / Water		223.99
101	0429	490	0100	Operating Transfer Out	6,864.48	
101	0429	466	7003	Other Operating Costs / Telephone		4,273.13
101	0429	466	7004	Other Operating Costs / Electricity		1,567.70
101	0429	466	7005	Other Operating Costs / Gas & Heating		606.31
101	0429	466	7006	Other Operating Costs / Garbage & Sewer		305.34
101	0429	466	7007	Other Operating Costs / Water		112.00
220	0420	490	0100	Operating Transfer Out	9,152.64	
220	0420	461	7003	Other Operating Costs / Telephone		5,697.51
220	0420	461	7004	Other Operating Costs / Electricity		2,090.27
TOTAL (if SUBTOTAL, check here X)					29,746.07	28,381.21

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RESOLUTION 2004 - 78

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
220	0420	461	7005	Other Operating Costs / Gas & Heating		808.41
220	0420	461	7006	Other Operating Costs / Garbage & Sewer		407.12
220	0420	461	7007	Other Operating Costs / Water		149.33
232	0421	490	0100	Operating Transfer Out	4,576.31	
232	0421	461	7003	Other Operating Costs / Telephone		2,848.75
232	0421	461	7004	Other Operating Costs / Electricity		1,045.14
232	0421	461	7005	Other Operating Costs / Gas & Heating		404.20
232	0421	461	7006	Other Operating Costs / Garbage & Sewer		203.56
232	0421	461	7007	Other Operating Costs / Water		74.66
TOTAL (if SUBTOTAL, check here ____)					68,644.76	34,322.38

SFC CLERK RECORDED 07/28/2004

SANTA FE COUNTY

RESOLUTION 2004 - 78

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez **Dept/Div:** Finance **Phone No.:** 992-2780

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 transfers budget from the General Fund (101) / DWI and Home For Good Grants and the Indigent Fund (220) to the EMS – Healthcare Fund (232) / Magistrate Court Building as well as from the EMS – Healthcare Fund (232) / Administration budget to cover the actual utility expenditures for the programs that are housed at the Magistrate Court Building.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?
  The actual expenditures for utilities for these programs were not known when the fiscal year 2004 operating budget was prepared.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This transfer is non-recurring for fiscal year 2004. A budget transfer will occur in fiscal year 2005 to transfer the actual expenditures at the end of the year.

- 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 is not a state special appropriation.

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

Grant Name:	Local DWI Program	Home for Good Program
Grant #:	04-D-J-G-27	Q255A030007
Award Date:	07/01/03 Annual Grant	09/23/03
Amount:	$771,009	$341,340

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SANTA FE COUNTY

RESOLUTION 2004 - 78

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez **Dept/Div:** Finance **Phone No.:** 995-2780

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 a result of Commission action.

  - d) Please identify other funding sources that can be used to match this request.
    There are no other funding sources 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 does not have an FTE impact.

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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 July 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

By Sophia Collard
for Stephen Ross, County Attorney

RESOLUTION
COUNTY OF SANTA FE) PAGES: 6
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of July, A.D., 2004 at 10:34
And Was Duly Recorded as Instrument # 1339199
Of The Records Of Santa Fe County

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