

SANTA FE COUNTY

RESOLUTION 2007 - 128

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

Whereas, the Board of County Commissioners meeting in regular session on August 22, 2006, did request the following budget adjustment:

Department / Division: Health & Human Services Department/CARE Connection Fund Name: JPA Between NMDOH and Santa Fe County

Budget Adjustment Type: Budget Increase Fiscal Year: 2007(July 1, 2006 - June 30, 2007)

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
242	0483	350	0600	JPA between NMDOH & Santa Fe County	159,995	
TOTAL (if SUBTOTAL, check here)					159,955	

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
242	0483	465	10-24	Temporary Position	21,996	
242	0483	465	10-26	Salary & Wages Term Employees	32,619	
242	0483	465	20-01	FICA Regular	2,677	
242	0483	465	20-02	FICA Medicare	626	
TOTAL (if SUBTOTAL, check here X)					57,918	

Requesting Department Approval: Steve D. Shepherd Title: Director Date: August 1, 2006

Finance Department Approval: Debra D. Mustang Date: 8/10/06 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

JK PJZ

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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
				BALANCE BROUGHT FORWARD	57,918	
242	0483	465	20-03	Retirement Contributions	6,204	
242	0483	465	20-05	Health Care	1,414	
242	0483	465	20-06	Retirement Health Care	435	
242	0483	465	20-08	Workers Compensation	16	
242	0483	465	30-01	In-state Travel Mileage & Fare	1,500	
242	0483	465	30-02	Out-of-State Travel Mileage & Fares	3,000	
242	0483	465	30-03	In-State Meals & Lodging	2,000	
242	0483	465	30-04	Out-of State Meals & Lodging	4,500	
242	0483	465	30-05	Travel Gas and Oil	500	
242	0483	465	40-06	Equipment Maintenance	4,000	
242	0483	465	50-01	Audit Contracts	4,000	
242	0483	465	50-90	Other Contractual Services	37,818	
242	0483	465	60-01	Office Supplies – Inventory Exempt	5,000	
242	0483	465	60-07	Office Supplies - Regular	6,000	
TOTAL (if SUBTOTAL, check here)					134,305	

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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
				BALANCE BROUGHT FORWARD	134,305	
242	0483	465	70-03	Operating Costs – Telephone	6,200	
242	0483	465	70-04	Operating Costs – Electricity	2,300	
242	0483	465	70-05	Operating Costs – Gas & Heating	1,000	
242	0483	465	70-06	Operating Costs – Garbage & Sewer	1,300	
242	0483	465	70-07	Operating Costs – Water	1,300	
242	0483	465	70-33	Operating Costs – Seminars	800	
242	0483	465	70-37	Operating Costs – Advertising & Printing	3,500	
242	0483	465	80-39	Operating Costs Subscriptions & Dues	250	
242	0483	465	80-04	Capital Purchases – Furniture & Fixtures	5,000	
			80-15	Capital Purchases – Computers & Peripherals	4,000	
TOTAL (if SUBTOTAL, check here)					159,955	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Monotya **Dept/Div:** Health & Human Services Department/CARE Connection **Phone No.:** 992-9853

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.
To increase CARE Connection Access to Recovery Grant, to hire contract workers to help with assessment.
To budget unused funds from FY06.
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
Access to Recovery received \$250,000.00 after the FY07 budget was prepared and approved.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
No.
- 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:
Joint Powers Agreement (JPA) between the New Mexico Department of New Mexico and Santa Fe County.
 - a) If this is a state special appropriation, cite statute and attach a copy.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

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DEPARTMENT CONTACT:

Name: Vidella T. Monotva Dept/Div: Health & Human Services Department/CARE Connection Phone No.: 992-9853

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.

No.
 - d) Please identify other funding sources that can be used 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.
Yes, we are planning to buy a computer and laptop to help therapists with assessments. Also we will have to install two new cubicles in the Assessment Center.

- 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.
Yes, it will help us to hire a temp Receptionist.

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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.

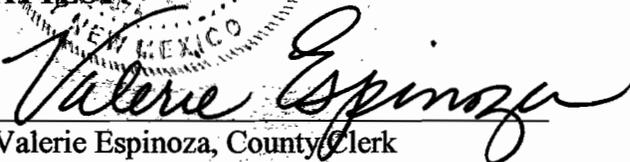
Approved, Adopted, and Passed This 22nd Day of August, 2006.

Santa Fe Board of County Commissioners


Harry Montoya, Chairperson



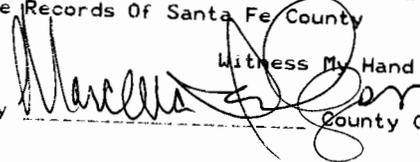
ATTEST


Valerie Espinoza, County Clerk



Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 23RD Day Of August, A.D., 2006 at 11:39
And Was Duly Recorded as Instrument # **1447798**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office

Deputy Valerie Espinoza
County Clerk, Santa Fe, NM