

## SANTA FE COUNTY

## RESOLUTION 2006 - 170

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

Whereas, the Board of County Commissioners meeting in regular session on October 31, 2006, did request the following budget adjustment:

Department / Division: Health & Human Services Department/CARE Connection

Fund Name: MOA with St. Vincent's

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	341	95-02	MOA/Hospital/Care Connection Carryover	35,000	
TOTAL (if SUBTOTAL, check here )					35,000	

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	50-15	Software Licenses	35,000	
TOTAL (if SUBTOTAL, check here X )					35,000	

Requesting Department Approval: Stephen D. Shepherd

Title: Director

Date: 10/04/06

Finance Department Approval: [Signature]

Date: 10/24/06

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_

Date: \_\_\_\_\_

SANTA FE COUNTY

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Vidella T. Montoya

**Dept/Div:** Health & Human Services Department/CARE Connection

**Phone #:** 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.

This request increases the Health and Human Services Department/CARE Connection budget from \$35,000 of carryover MOA funding with St. Vincent's Hospital to purchase software for departmental programs. The purpose of the request is to further automate departmental programs to increase efficiency and provide better quality data.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?

The software was not identified prior to the development of the fiscal year 2007 budget.

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

Non-recurring. There will be modest ongoing maintenance charges. Those will be paid by the programs utilizing the software.

- 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 will budget carryover MOA funding from St. Vincent's Hospital.

- 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 not a state or federal grant.

**SANTA FE COUNTY**

**RESOLUTION 2006 - 170**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Vidella T. Montoya

Dept/Div: Health & Human Services Department/CARE Connection

Phone #: 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.

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 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.

## SANTA FE COUNTY

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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 Thirty-First Day of October, 2006.

Santa Fe Board of County Commissioners



ATTEST:

*Valerie Espinoza*  
Valerie Espinoza, County Clerk

*Harry B. Montoya*  
Harry B. Montoya, Chair



Approved As To Form.

By:

*[Signature]*  
Santa Fe County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 2ND Day Of November, A.D., 2006 at 11:42  
And Was Duly Recorded as Instrument # 1457563  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Deputy *Manuel* Valerie Espinoza  
County Clerk, Santa Fe, NM