

SANTA FE COUNTY

RESOLUTION 2006 - 84

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

Whereas, the Board of County Commissioners meeting in regular session on April 25, 2006, did request the following budget adjustment:

Department / Division: Health & Human Services Department/CARE Connection Fund Name: Access to Recovery (ATR) Voucher Funds

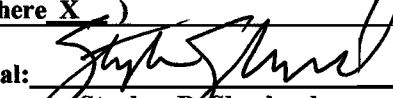
Budget Adjustment Type: Budget Increase Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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	06-00	ATR Assessment Fees	150,000	
TOTAL (if SUBTOTAL, check here _____)					150,000	

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	10-26	Term Employee	28,054	
242	0483	465	20-01	FICA - Regular	696	
242	0483	465	20-02	FICA - Medicare	163	
242	0483	465	20-03	Retirement Contributions	6,019	
TOTAL (if SUBTOTAL, check here <u>X</u>)					34,932	

Requesting Department Approval: 

Title: Department Director

Date: 04/11/2006

Finance Department Approval:  Date: 4/13/06

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
				BALANCE BROUGHT FORWARD	118,526	
242	0483	465	70-07	Operating Costs - Water	375	
242	0483	465	70-33	Operating Costs - Postage	200	
242	0483	465	70-36	Operating Costs - Advertising & Printing	5,000	
242	0483	465	80-04	Capital Purchase - Furniture & Fixtures	1,899	
242	0483	465	80-05	Capital Purchase - Vehicle	24,000	
TOTAL (if SUBTOTAL, check here)					150,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

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

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.

This request increases the HHSD/CARE Connection budget by \$150,000. The purpose of this request is to increase the CARE Connection Program budget utilizing cash revenues from the New Mexico State Department of Health through a Joint Powers Agreement related to the implementation of the Access to Recovery (ATR) Voucher Program. Through the JPA, the Department of Health will pay for one-half of the salary and benefits of the CARE Connection Project Manager. In addition, DOH will reimburse the County for assessment services.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

The ATR Voucher grant was increased by the state during this fiscal year.

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

This funding will be available for a term of 3 years.

- 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 is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

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

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 action is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There is ~~not~~ match required.
- 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.
One part-time Data Entry, 2 Case Managers, and One Receptionist

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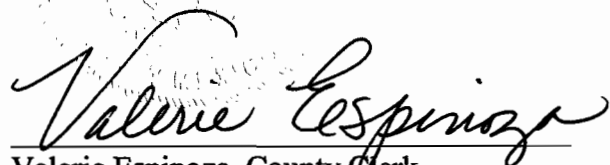
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 25th Day of April 2006.

Santa Fe Board of County Commissioners


Harry Montoya, Chairperson

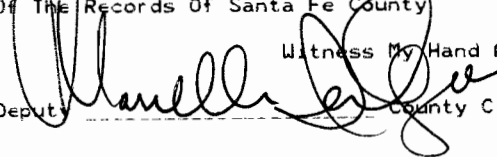
ATTEST:


Valerie Espinoza, County Clerk



Approved As To Form.


Stephen Ross, Santa Fe County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 15TH Day Of May, A.D., 2006 at 13.35
And Was Duly Recorded as Instrument # 1433375
Of The Records Of Santa Fe County
 Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM