

SANTA FE COUNTY
RESOLUTION 2008 - 32

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:

Department / Division: Community Services Department/CARE Correction Fund Name: Value Options

Budget Adjustment Type: Budget Decrease Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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	Value Options		51,582
TOTAL (if SUBTOTAL, check here)						51,582

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	Salary & Wages – Term Employees		39,104
242	0483	465	20-01	Benefits – FICA - Regular		2,638
242	0483	465	20-02	Benefits FICA - Medicare		620
242	0483	465	20-03	Benefits – Retirement Contributions		8,092
TOTAL (if SUBTOTAL, check here X)						50,454

Requesting Department Approval: Steve P. Shepherd Title: Director Date: February 1, 2008

Finance Department Approval: [Signature] Date: 2/14/08 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 2/26/08

SANTA FE COUNTY

RESOLUTION 2008 - 32

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		50,454
242	0483	465	20-05	Benefits - Health Care		562
242	0483	465	20-06	Benefits - Retirement Health Care		566
TOTAL (if SUBTOTAL, check here)						51,582

SANTA FE COUNTY
RESOLUTION 2008 - 32

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya **Dept/Div:** Community 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.
This request decreases CSD/CARE Connection Budget by \$51,582.00. The amount that was used previously was an estimate; we now have the new Value Options contract with the correct amount.
- 2) Why was this request not included in the Fiscal Year 2008 Operating Budget?
The FY08 Budget was completed prior to receiving the new Value Options contract. We received the contract at the end of December.
- 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:
 - 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.
Funds are from Value Options, federal funds for the Access to Recovery voucher program.

SANTA FE COUNTY
RESOLUTION 2008 - 32

Page 4 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya **Dept/Div:** Community 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.

This request is not a 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.

This request does not impact the Capital Purchase 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 impact on any FTE's.

SANTA FE COUNTY
RESOLUTION 2008 - 32

Page 5 of 5


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 26th, Day of February, 2008.

Santa Fe Board of County Commissioners


Jack Sullivan, Chair



 Feb. 27, 08
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: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of February, A.D., 2008 at 16:51
and Was Duly Recorded as Instrument # **1516821**
of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
 Valerie Espinoza
Deputy County Clerk, Santa Fe, NM