

RESOLUTION 2008 - 44

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

Whereas, the Board of County Commissioners meeting in regular session on ²⁵March 11, 2008, did request the following budget adjustment:

Department /Division: Community Services/Health & Human Services

Fund Name: Maternal & Child Health Program

Budget Adjustment Type: Budget Increase

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
232	0403	371	90-00	State/Other	7,800	
TOTAL (if SUBTOTAL, check here)					7,800	

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	0403	462	50-90	Contractual Services: Other Contractual Service	5,000	
232	0403	462	70-33	Other Operating Costs: Seminars & Workshops	300	
232	0403	462	70-37	Other Operating Costs: Printing/Publishing/Ads	2,500	
TOTAL (if SUBTOTAL, check here)					7,800	

Requesting Department Approval: [Signature]

Title: Division Director

Date: 02/19/08

Finance Department Approval: [Signature]

Date: 2/25/08

Entered by: _____

Date: _____

County Manager Approval: [Signature]

Date: 2/26/08

RESOLUTION 2008 - 44**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:** Name: Lisa Garcia Dept/Div: Community Services\Health & Human Services Phone No.: (505)-992-9527**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 Maternal & Child Health Program budget by \$ 7,800. \$ 5,000 will be expended in line item #50-90 "Other Contractual Services" assisting other organizations to present a community educational training called "Understanding Attachment". \$ 300 will be budgeted in line item # 70-33 "Seminars and Workshops" to attend statewide and regional meetings which are sponsored by the NM Department of Health. \$ 2,500 will be budgeted in line item # 70-37 "Printing/Publishing/Advertisement", and will be used for printing the County Resource Directory.

These funds were awarded to the County by the NM Department of Health for these specific reasons. It is an amendment to the larger annual Maternal and Child Health Program contract.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
50-90	Contract for training on "Understanding Attachment"	5,000

- 2) Is the budget action for RECURRING expense: _____ or for NON-RECURRING (one-time only) expense: X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa Garcia Dept/Div: Community Services\Health & Human Services Phone No.: (505)-992-9527

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X NO _____
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

Name	: <u>Community Health Improvement Process (MCH)</u>	Grant #	: <u>4674 and 4674 A1</u>
Award Date:	: <u>07/01/07 and 01/23/08</u>	Amount:	: <u>\$ 132,523+ \$ 7,800= \$ 140,323</u>
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

None.

SANTA FE COUNTY

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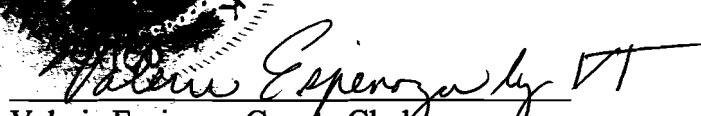
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

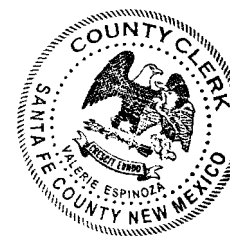
Approved, Adopted, and Passed This 25
11th Day of March, 2008.

Santa Fe Board of County Commissioners


Jack Sullivan, Chairperson

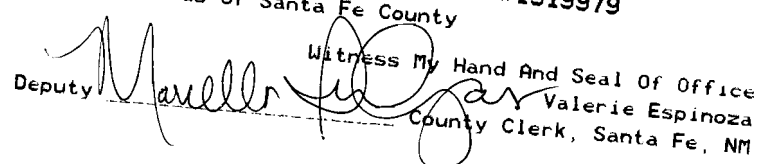



Valerie Espinoza, County Clerk



Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 26TH Day Of March, A.D., 2008 at 15:36
And Was Duly Recorded as Instrument #1519979
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM