

SANTA FE COUNTY

RESOLUTION 2009 - 108

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/HHSD Fund Name: Value Options, Access To Recovery

Budget Adjustment Type: Budget Increase Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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	ATR Assessment Fees/Value Options	27,100	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>27,100</b>	

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	16,000	
242	0483	465	20-01	Employee Benefits – FICA Regular	992	
242	0483	465	20-02	Employee Benefits – FICA Medicare	232	
<b>TOTAL (if SUBTOTAL, check here X )</b>					<b>17,224</b>	

Requesting Department Approval: Rebecca Dunsdale for Title: Division Director Date: 5/18/09

Finance Department Approval: Stephen D. Shepherd Date: 6/2/09 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ 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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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
				<b>BALANCE BROUGHT FORWARD</b>	17,224	
242	0483	465	20-03	Employee Benefits – Retirement Contributions	3,043	
242	0483	465	20-06	Employee Benefits – Retiree Health Care	215	
242	0483	465	70-90	Other Operating Costs – Other Costs	6,618	
<b>TOTAL (if SUBTOTAL, check here )</b>					27,100	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Vidella T. Montoya Dept/Div: CSD/HHSD 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 increases CSD/CARE Connection Budget by \$27,100.00. We now have an Amendment from Value Option agreement for \$27,100.00. The purpose of this Resolution is to move budget into the categories where it is necessary to continue operating for this fiscal year.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
Mary Justice	To have 100% of her salary can come from this cost center	Term	Program Manager

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

- 2) Is the budget action for RECURRING expense  or for NON-RECURRING (one-time only) expense \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Vidella T. Montoya Dept/Div: CSD/HHSD 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.):**

- 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.

Funds are from Value Options, federal funds for the Access To Recovery voucher program

Contract ID: NM601116 ATR Amount: \$27,100.00

- 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.  
Match is in-kind only

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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 30 Day of June, 2009.

Santa Fe Board of County Commissioners

*Michael D. Anaya*  
Michael D. Anaya, Chairperson

ATTEST:

*Valerie Espinoza*  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of July, 2009 at 01:29:21 PM And Was Duly Recorded as Instrument # 1568946 Of The Records Of Santa Fe County

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