

SANTA FE COUNTY

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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 27, 2009, did request the following budget adjustment:Department / Division: Corrections / MedicalFund Name: Corrections Operations Fund (247)Budget Adjustment Type: Budget IncreaseFiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
247	1863	341	9500	Charges for Services	67,075	
TOTAL (if SUBTOTAL, check here)					67,075	

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
247	1863	426	5081	Contractual Services / Medical Services	67,075	
TOTAL (if SUBTOTAL, check here)					67,075	

Requesting Department Approval: Annabelle RomeoTitle: Director, Corrections DepartmentDate: 9-29-09Finance Department Approval: [Signature]Date: 10/20/09

Entered by: _____ Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2009 - 189Page 2 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.**DEPARTMENT CONTACT: Name: Steve F. Aguirre Dept/Div: Corrections Department/Adult Phone No.: (505) 428-3215**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. Reimburse collected funds from hospital to the operating Medical Cost Center for the Corrections Department. Expenditure to the original contract for medical services was paid out using Fiscal Year operating budget and Christus St Vincent Hospital reimbursed the Corrections Department @ 50% of what was paid out for these services.

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

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

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Page 3 of 4RESOLUTION 2009 - 189**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:**Name: Steve F. AguirreDept/Div: Corrections/AdultPhone No.: (505) 428-3215**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 xxx
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ NO xxx
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.
 - c) Is this request is a result of Commission action? YES _____ NO xxx
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.

SFC CLERK RECORDED 10/28/2009
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.

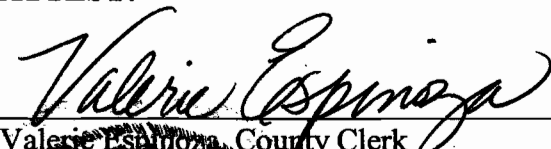
Approved, Adopted, and Passed This 27th Day of October, 2009.

Santa Fe Board of County Commissioners

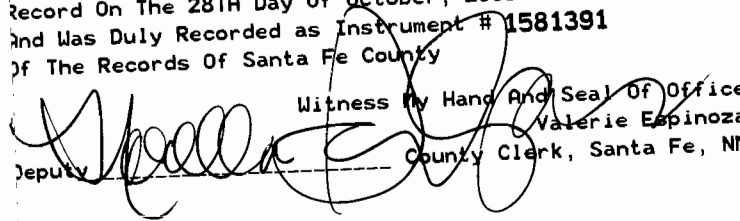


Mike D. Anaya, Chairperson

ATTEST:



Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of October, 2009 at 12:51:33 PM
And Was Duly Recorded as Instrument # **1581391**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

Deputy

