

**SANTA FE COUNTY**  
**RESOLUTION 2014 - 115**

**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 28, 2014, did request the following budget adjustment:

Department / Division: Community Services Department      Fund Name: EMS Health Care Fund 232

Budget Adjustment Type: Budget Increase      Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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	0421	371	2100	State Grants/New Mexico Association of Counties	\$3,000	
<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
232	0421	461	50-03	Professional Services	\$3,000	
<b>TOTAL (if SUBTOTAL, check here )</b>						

Requesting Department Approval: Rachel O'Connor      Date: 1/2/14      Title: Director, Community Services Department

Finance Department Approval: *Suzanne Martin*      Date: 10/14/14      Entered by: \_\_\_\_\_      Date: \_\_\_\_\_

County Manager Approval: *Katherine White*      Date: 10-28-14      Updated by: \_\_\_\_\_      Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Rachel O'Connor Dept/Div: Community Services Department Phone No.: 995-9538

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. The New Mexico Association of Counties (NMAC) has granted \$3,000 to Santa Fe County Community Services Department for radio Public Service Announcements to encourage people to enroll in health insurance during the Fall 2014 open enrollment period. Funds will be for professional services to develop and air radio Public Service Announcements in on KLBU/Juan 102.9 FM, the Spanish radio station owned by Hutton Broadcasting, and on KRZY 105.9 FM.

a) Employee Actions

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

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
50-03	Services from Hutton Broadcasting and Entravision/Nielsen to produce and air radio PSAs in Spanish	\$3,000

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

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DEPARTMENT CONTACT:

Name: Rachel O'Connor            Department: Community Services Department      Phone No.: 995-9538

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 \_\_\_\_\_ NO  X  
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.

Attached is a copy of the NMAC grant acknowledgement form in the amount of \$3,000, together with the CSD proposal.

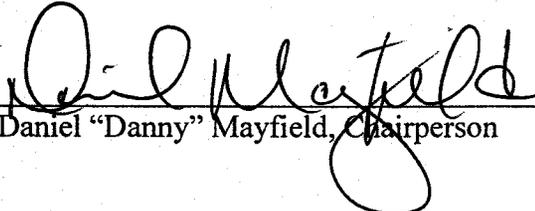
- c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO \_\_\_\_\_  X  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  
- d) Please identify other funding sources used to match this request. N/A

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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.

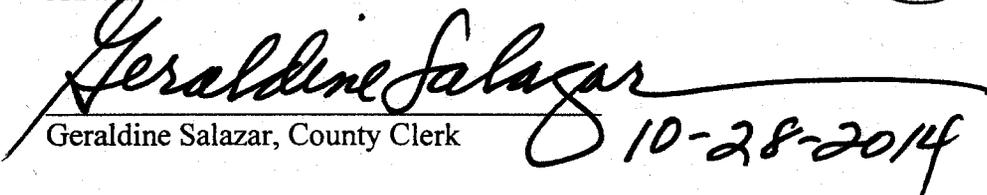
Approved, Adopted, and Passed This 28th Day of October, 2014.

Santa Fe Board of County Commissioners

  
Daniel "Danny" Mayfield, Chairperson



ATTEST:

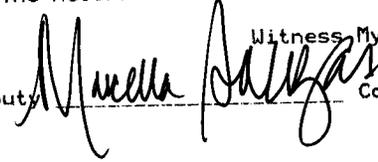
  
Geraldine Salazar, County Clerk 10-28-2014



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 29TH Day Of October, 2014 at 02:16:10 PM  
And Was Duly Recorded as Instrument # **1749578**  
Of The Records Of Santa Fe County

Deputy  Witness My Hand And Seal Of Office  
Geraldine Salazar  
County Clerk, Santa Fe, NM