

SANTA FE COUNTY
RESOLUTION 2014 - 123

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: CMO/Finance for CSD/Health Services Fund Name: EMS Services Fund (232)

Budget Adjustment Type: 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 | 0000 | 385 | 0200 | EMS Services Fund – Budgeted Cash | \$100,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$100,000 | |

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 | 5003 | Health Administration/Contractual Services | \$100,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$100,000 | |

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: [Signature] Date: 10/28/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10.28.14 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 55-986-6321

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 resolution will increase the contractual services line item of the Health Administration cost center to supplement and diversify funding allocated in the FY 2015 budget to contract for a Mobile Crisis Team to provide intervention services for individuals suffering from psychiatric and substance abuse symptoms that are in acute distress.

a) Employee Actions

| Line Item | Action (Add/Delete Position, Recluses, 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 |
|-------------------|--|-----------|
| 232-0421-461-5003 | Contract for Mobile Crisis Team – vendor TBD | \$100,000 |
| | | |
| | | |
| | | |

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense x additional contract may be awarded if outcomes are beneficial.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 505-986-6321

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

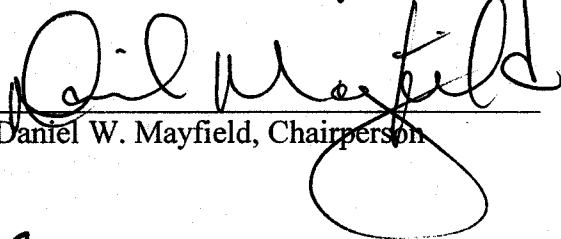
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO x
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? 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.
 - 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.

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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 W. Mayfield, Chairperson

ATTEST:

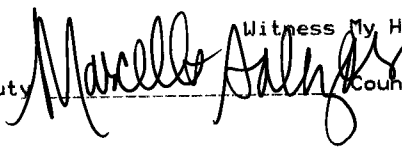

Geraldine Salazar, County Clerk 10-28-2014



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 03:09:11 PM
And Was Duly Recorded as Instrument # **1749597**
Of The Records Of Santa Fe County

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