

SANTA FE COUNTY

RESOLUTION 2015 - 31

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

Whereas, the Board of County Commissioners meeting in regular session on February 24, 2015, 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	0500	State Grants/DOH	\$5,000	
TOTAL (if SUBTOTAL, check here )					\$5,000	

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	50-03	Contractual/professional services	\$5,000	
TOTAL (if SUBTOTAL, check here )					\$5,000	

Requesting Department Approval: Rachel O'Connor Title: Director, Community Services Department Date: 2/10/15  
 Finance Department Approval: *[Signature]* Date: *[Date]* Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: *[Signature]* Date: 2/24/15 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**  
**RESOLUTION 2015 - 31**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Patricia Boies Dep/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 Public Health Division of the New Mexico Department of health is providing \$5,000 to Santa Fe County Community Services Department (CSD) to assist with the County's health council, the Santa Fe County Health Policy and Planning Commission. (See attached confirmation letter from Barbara Howe, Deputy Director.). These funds will support priorities for the health action plan.

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	Contractual/professional services	\$5,000

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

SANTA FE COUNTY

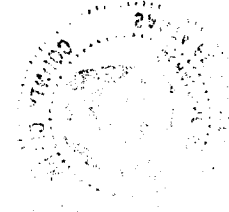
RESOLUTION 2015 - 31

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Patricia Boies 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.):

- 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.
  - 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



5182/92/28 08080328 X8815 018

SANTA FE COUNTY

RESOLUTION 2015 - 31

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 24th Day of February, 2015.

Santa Fe Board of County Commissioners

  
Robert A. Anaya, Chairperson

ATTEST:

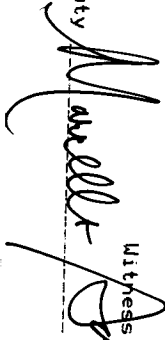
  
Geraldine Salazar, County Clerk

2-24-2015



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 February, 2015 at 10:33:46 AM And Was Duly Recorded as Instrument # 1758260 Of The Records Of Santa Fe County

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