

SANTA FE COUNTY

RESOLUTION 2015 - 83

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

Whereas, the Board of County Commissioners meeting in regular session on June 9, 2015, did request the following budget adjustment:

Department / Division: CSD/SENIOR SERVICES DIVISION Fund Name: General Fund 101

Budget Adjustment Type: Increase Fund 101 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
101	0490	341	7000	Charges for Service - Area Agency on Aging	7,547	
101	0492	341	7000	Charges for Service - Area Agency on Aging	5,453	
TOTAL (if SUBTOTAL, check here)					13,000	

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
101	0490	461	60-12	Supplies - Rehab/Prgm/Facility Food	7,547	
101	0492	461	60-12	Supplies - Rehab/Prgm/Facility Food	5,453	
TOTAL (if SUBTOTAL, check here)					13,000	

Requesting Department Approval: Rachel O'Connor Title: Department Director Date: 4/27/2015

Finance Department Approval: Carol Ann Date: 5/13/15 Entered by: _____ Date: _____

County Manager Approval: James Date: 6.9.15 Updated by: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2015 - 83

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: K. Greg Smith Dept/Div: CSD/SENIOR SERVICES Phone No.: 992-9848

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 the Senior Services Congregate Meal Budget by \$7,547.00 and Home Delivered Meals Budget by \$5,453.00, which was awarded by the New Mexico Non-Metro Area Agency on Aging for exceeding program goals. We will be increasing the facility food line item with these funds to accommodate increased participation.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclash, 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 X

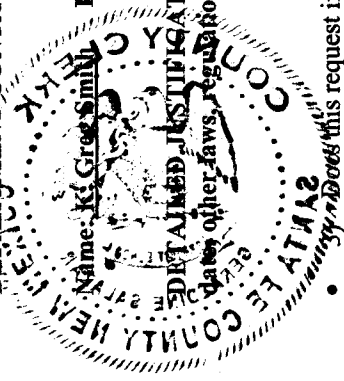
SANTA FE COUNTY

RESOLUTION 2015 - 83

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: K. Greg Simin Dept/Div: CSD/SENIOR SERVICES Phone No.: 992-9848



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

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.

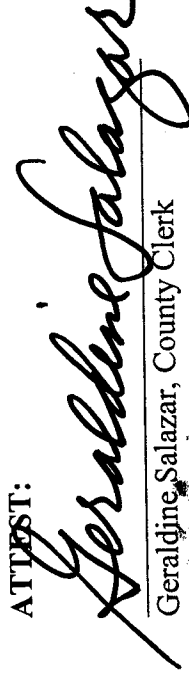
SANTA FE COUNTY
RESOLUTION 2015 - 83

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 9 Day of June, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

6-9-2015



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I, Geraldine Salazar, County Clerk, do hereby certify that this instrument was filed for record on the 10th day of June, 2015 at 03:18:43 PM and was duly recorded as instrument # 1766644 in the records of Santa Fe County.

BCC RESOLUTIONS
PAGES: 4

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