

SANTA FE COUNTY

RESOLUTION 2019 - 39

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

Whereas, the Board of County Commissioners meeting in regular session on March 13, 2019, did request the following budget adjustment:

Department / Division: Community Services/Seniors Fund Name: General Fund (101)
 Budget Adjustment Type: Budget Increase/Decrease Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

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	371	24-00	General Fund/Health/State	21,215	
101	0490	372	12-00	General Fund/Health/Federal		36,215
101	0490	381	04-01	General Fund/Health/NSIP	8,004	
TOTAL (if SUBTOTAL, check here X)					29,219	36,215

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	General Fund/Health/Rehab/Prgm/Facility Food	29,219	
101	0490	461	40-02	General Fund/Health/Equipment		14,639
101	0490	461	10-24	General Fund/Health/Temp		14,729
101	0490	461	50-90	General Fund/Health/Other Services		4,497
101	0490	461	60-03	General Fund/Health/Uniform		2,350
101	0492	461	50-90	General Fund/Health/Other Services		2,529
101	0492	461	60-12	General Fund/Health/Rehab/Prgm/Facility Food	26,362	
101	0493	461	20-05	General Fund/Health/Health Care	12,500	
TOTAL (if SUBTOTAL, check here X)					68,081	38,744

Requesting Department Approval: [Signature] Title: Director Date: 3/6/19
 Finance Department Approval: [Signature] Date: 3/6/17 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 3/13/19 DECEDED CLERK RECORDED Updated by: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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	0492	371	24-00	General Fund/Health/State	5,000	
101	0492	372	12-00	General Fund/Health/Federal		2,529
101	0492	381	04-01	General Fund/Health/NSIP	21,362	
101	0493	371	24-00	General Fund/Health/State	10,000	
101	0493	372	12-00	General Fund/Health/Federal	2,500	
TOTAL (if SUBTOTAL, check here)					68,081	38,744

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
TOTAL (if SUBTOTAL, check here X						
SEC CLERK RECORDED 03/13/2019						

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Gina Capener Dept/Div: Community Services Phone No.: 992-9830

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.

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 **X**

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Gina Capener Dept/Div: Community Services Phone No.: 992-9830

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.

The State Fire Marshal's approval to carry over fire protection funds into the current fiscal year. (Attached)

- c) Is this request 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.

Not Applicable.

SANTA FE COUNTY

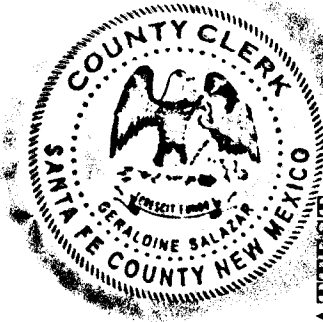
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 12th Day of March, 2019.

Santa Fe Board of County Commissioners

Anna I. Hamilton
Anna I. Hamilton, Chairperson



ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
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I Hereby Certify That This Instrument Was Filed for Record On The 13TH Day Of March, 2019 at 10:56:39 AM And Was Duly Recorded as Instrument # 1880973 Of The Records Of Santa Fe County

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM

Martinez

SFC CLERK RECORDED 03/13/2019