

SANTA FE COUNTY

RESOLUTION 2019 - 55

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

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_, did request the following budget adjustment:

Department / Division: Community Services/Seniors & Community Relations 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	372	12-00	General Fund/Health/Federal	37,475	
101	0492	372	12-00	General Fund/Health/Federal	15,772	
101	0493	372	12-00	General Fund/Health/Federal	19,783	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>73,030</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
101	0490	461	20-05	General Fund/Health/Group Insurance	13,010	
101	0490	461	60-12	General Fund/Health/Rehab/Prgm/Facility Food	23,465	
101	0490	461	70-07	General Fund/Health/Water	1,000	
101	0492	461	10-24	General Fund/Health/Temporary Positions		10,000
101	0492	461	10-26	General Fund/Health/Term Employees		14,100
101	0492	461	20-05	General Fund/Health/Group Insurance	24,100	
101	0492	461	60-12	General Fund/Health/Rehab/Prgm/Facility Food	14,772	
101	0492	461	70-07	General Fund/Health/Water	1,000	
101	0493	461	35-01	General Fund/Health/Vehicle Fuel	19,783	
<b>TOTAL (if SUBTOTAL, check here)</b>					<b>97,130</b>	<b>24,100</b>

Requesting Department Approval: [Signature] Title: Director Date: 7/5/19

Finance Department Approval: [Signature] Date: 07/01/19 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 06/10/19 Updated by: [Signature] Date: \_\_\_\_\_

Log # 133

**SANTA FE COUNTY**

**RESOLUTION 2019 - 55**

**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.

Santa Fe County Senior Services Program receives funding for Direct Purchase of Services for Congregate Meals, Home Delivered Meals, and Transportation from the DPS Federal III Contract.

The funding reflects an increase of the federal award and a decrease in state funds as directed by the State Aging and Long Term Services Department. This is an increase to the Senior Services Budget in the amount of \$73,030.

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 NO X  
If YES, cite statute and attach a copy.

- b) Does this include state or federal funds? YES X NO 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 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.

**SFC CLERK RECORDED 05/01/2019**

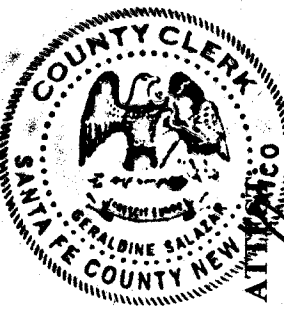
SANTA FE COUNTY

RESOLUTION 2019 - 53

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 30th Day of April, 2019.

Santa Fe Board of County Commissioners



Anna Hamilton  
Anna Hamilton, Chair

Geraldine Salazar  
Geraldine Salazar, County Clerk

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 1ST Day Of May, 2019 at 09:05:01 AM And Was Duly Recorded as Instrument # 1885176 Of The Records Of Santa Fe County

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



SFC CLERK RECORDED 05/01/2019