

SANTA FE COUNTY

RESOLUTION 2009 - 21

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

Whereas, the Board of County Commissioners meeting in regular session on January 27, 2009, did request the following budget adjustment:

Department / Division: Community Services\Health & Human Services

Fund Name: MCH: Brindle Foundation

Budget Adjustment Type: Budget Increase

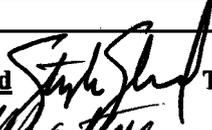
Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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	0417	360	01-09	Contribution\Donation\Agreement: Brindle Foundation	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	0417	462	50-90	Other Contractual Services	5,000	
TOTAL (if SUBTOTAL, check here)					5,000	

Requesting Department Approval: Steve Shepherd  Title: Division Director

Date: 1/27/09

Finance Department Approval:  Date: 1/16/09

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Updated by: _____ Date: _____

SANTA FE COUNTY
 RESOLUTION 2009 - 21

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lisa Garcia

Dept/Div: Community Services/HHSMCH Program

Phone #: (505)-995-9527

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 budgets \$ 5,000 granted to Santa Fe County by the Brindle Foundation for the following purpose. "To provide support for staff trainings and professional development opportunities for organizations and agencies involved with home visiting for as part of the Santa Fe Home Visiting collaboration."

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
50-90	To provide for staff training and professional development.	5,000

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

SANTA FE COUNTY
RESOLUTION 2009 - 21

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lisa Garcia

Dept/Div: Community Services\HHS\MCH Program

Phone #: (505)-995-9527

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 budgets \$ 5,000 granted to Santa Fe County by the Brindle Foundation for the following purpose. "To provide support for staff trainings and professional development opportunities for organizations and agencies involved with home visiting for as part of the Santa Fe Home Visiting collaboration."

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
50-90	To provide for staff training and professional development.	5,000

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

SANTA FE COUNTY

RESOLUTION 2009 - 21

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.

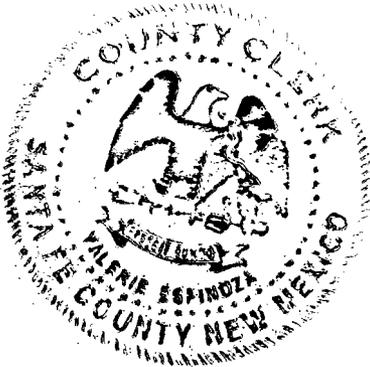
Approved, Adopted, and Passed This 27th Day of January, 2009.

Santa Fe Board of County Commissioners

Mike D. Anaya
Mike D. Anaya, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, 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 28TH Day Of January, 2009 at 1:36:05 AM And Was Duly Recorded as Instrument # 1550417 Of The Records Of Santa Fe County

Deputy *Marcello*)
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM