SANTA FE COUNTY

RESOLUTION 2009 - 28

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: Project Launch

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
101	0491	371	90-00	State Grant: Project Launch	732,674	
TOTAL (if SUBTOTAL, check here ____)					732,674	

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	0491	462	50-90	Other Contractual Services	732.674	
TOTAL (if SUBTOTAL, check here ____)					732,674	

Requesting Department Approval: Steve Shepherd **Title:** Division Director **Date:** 01/07/09

Finance Department Approval: _____ **Date:** 1/16/09 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd **Dept/Div:** Community Services\HHS\Project Launch **Phone #:** (505)-992-9840

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 $ 732,674 of federal Substance Abuse and Mental Health Administration funding that was granted to Santa Fe County by the NM Department of Health to contract with United Way of Santa Fe County for the provision of "Project Launch" services. The grant essentially requires the grantee to expand services delivered within the "Agua Fria Children's Zone" to other parts of the county.

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 contract with United Way of Santa Fe County to provide services for "Project Launch" as	732,674

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

This funding is granted one year at a time, but funding may be granted and the program extended up to five (5) years.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd **Dept/Div:** Community Services\HHS\Project Launch **Phone #:** (505)-992-9840

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) Is 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.

    Grant Name: Project Launch Contract #: Share#: 9004

    Please see copy of Memorandum of Agreement between the Department of Health and the Agenda and Minutes from BCC Meeting approving the Memorandum of Agreement.
  - c) Is this request is a result of Commission action? YES__X__ NO ____
    If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

    Please see copy of Memorandum of Agreement between the Department of Health and the Agenda and Minutes from BCC Meeting approving the Memorandum of Agreement.
  - d) Please identify other funding sources used to match this request.

    This funding requires no match. No other funding source will be used to match this request.

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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 27th Day of January, 2009.

Santa Fe Board of County Commissioners

Mike D. Anaya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of January, 2009 at 11:36:11 AM And Was Duly Recorded as Instrument # 1550423 Of The Records Of Santa Fe County

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