

SANTA FE COUNTY
RESOLUTION 2009 - 52

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

Whereas, the Board of County Commissioners meeting in regular session on February 24, 2009, did request the following budget adjustment:

Department / Division: Community Services Department / Health & Human Services Division Fund Name: MOA with St. Vincent's Hospital

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
242	0482	341	95-02	MOA/Hospital/CARE Connection Carryover	15,610	
TOTAL (if SUBTOTAL, check here)						

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
242	0482	465	40-02	Maintenance – Contracts	550	
242	0482	465	40-04	Maintenance – Vehicle	60	
242	0482	465	70-04	Other Operating Costs – Electricity	3,000	
242	0482	465	70-90	Other Operating Costs – Misc.	12,000	
TOTAL (if SUBTOTAL, check here)					15,610	

Requesting Department Approval: *Stephen D. Shepherd* Title: Division Director Date: January 23, 2009

Finance Department Approval: *[Signature]* Date: 2/10/09 Entered by: _____ Date: _____

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

2009-52

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Vidella Montoya Dept/Div: CSD/Health & Human Services Division Phone No.: 992-9853

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 Health & Human Services Division/CARE Connection Assessment Program by \$15,610.00. It was included in FY09 Operating Budget but it was an estimate, now we have the correct figure.

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 _____

RESOLUTION 2009 - 52

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella Montoya Dept/Div: Community Services Department/Health & Human Services Division Phone No: 992-9853

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 _____ 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.

There are no other funding sources to match this request.

RESOLUTION 2009 - 52

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 24th Day of February, 2009.

Santa Fe Board of County Commissioners

Michael D Anaya
Michael 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 26TH Day Of February, 2009 at 10:45:32 AM And Was Duly Recorded as Instrument # 1553710 Of The Records Of Santa Fe County

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