

SANTA FE COUNTY

RESOLUTION 2009 - 84

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

Whereas, the Board of County Commissioners meeting in regular session on April 28, 2009, did request the following budget adjustment:

Department / Division: Community Services\Health & Human Services

Fund Name: Mobile Health Care Van

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 | 0474 | 385 | 02-00 | Budgeted Cash | 230,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 230,000 | |

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 | 0474 | 461 | 80-09 | Vehicles\Heavy Equipment | 230,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 230,000 | |

Requesting Department Approval: Steve Shepherd

Title: Division Director

Date: 04/20/09

Finance Department Approval: *Arac Martinez*

Date: 4/21/09

Steve Shepherd

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2009 - 84

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Community Services/HHS/Mobile Health Care Van

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 \$ 230,000 to purchase a new mobile medical van for the County's Program. This is necessary in order to get a van that is more useful, is able to get into more rural (Difficult to Access) areas, has a better operating electrical system, is more energy efficient. The van we are currently using is coming to the end of its regular useful lifespan. We propose to use the current van on a very sporadic events at which we want a higher profile.

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 |
|-----------|--|---------|
| 80-09 | To purchase a new Mobile Medical Van. | 230,000 |
| | | |
| | | |

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

SANTA FE COUNTY
RESOLUTION 2009 - 84

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Community Services\HHS\Mobile Health Care Van

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 _____ 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.

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

SANTA FE COUNTY

RESOLUTION 2009 - 84

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.

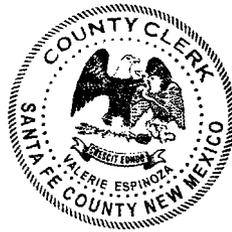
Approved, Adopted, and Passed This 28th Day of April, 2009.

Santa Fe Board of County Commissioners

[Handwritten Signature]
Mike D. Anaya, Chairperson

ATTEST:

[Handwritten Signature]
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 29TH Day Of April, 2009 at 11:09:22 AM
And Was Duly Recorded as Instrument # 1580894
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy *[Handwritten Signature]* Valerie Espinoza
County Clerk, Santa Fe, NM