

RESOLUTION 2006 - 27

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 28, 2006, did request the following budget adjustment:

Department / Division: Health & Human Services Department/CARE Connection

Fund Name: Access to Recovery (ATR) Voucher Funds

Budget Adjustment Type: Budget Increase

Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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	0483	350	06-00	ATR Assessment Fees	100,000	
TOTAL (if SUBTOTAL, check here _____)					100,000	

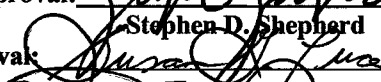
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
242	0483	465	10-26	Term Employee	35,200	
242	0483	465	20-01	FICA - Regular	2,182	
242	0483	465	20-02	FICA - Medicare	510	
242	0483	465	20-03	Retirement Contributions	6,695	
TOTAL (if SUBTOTAL, check here <u>X</u>)					44,587	

Requesting Department Approval: 

Title: Department Director

Date: 02/09/2006

Finance Department Approval:  Date: 2-21-06

Entered by: _____ Date: _____

County Manager Approval:  Date: 2/22/06

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
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	0483	465	20-05	Health Care	4,215	
242	0483	465	20-06	Retirement Health Care	470	
242	0483	465	20-08	Workers Compensation	8	
2342	0483	465	50-03	Professional Services	50,720	
TOTAL (if SUBTOTAL, check here _____)					100,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: Health & Human Services Department/CARE Connection

Phone #: 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 increases the HHSD/CARE Connection budget by \$100,000. The purpose of this request is to increase the CARE Connection Program budget utilizing cash revenues from the New Mexico State Department of Health through a Joint Powers Agreement related to the implementation of the Access to Recovery (ATR) Voucher Program. Through the JPA, the Department of Health will pay for one-half of the salary and benefits of the CARE Connection Project Manager. In addition, DOH will reimburse the County for assessment services.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

The ATR Voucher grant was increased by the state during this fiscal year.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This funding will be available for a term of 3 years.

- 4) 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, cite statute and attach a copy.

This request is not a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This is not a state or federal grant.

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: Health & Human Services Department/CARE Connection

Phone #: 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.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

This action is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.

There is not match required.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

This request does not impact the Capital Purchases category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.

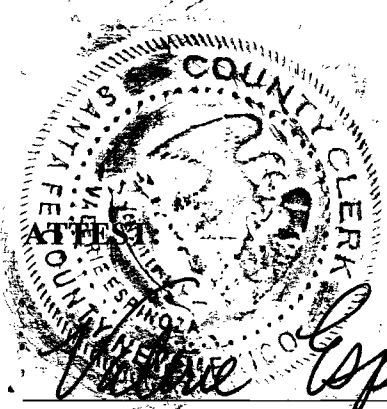
One FTE Case Manager will work in the Assessment Center until Sobering opens and will then move to the Sobering Center.

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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 28th Day of February 2006.

Santa Fe Board of County Commissioners



[Signature]
Harry Montoya, Chairperson



[Signature]
Valerie Espinoza, County Clerk

Approved As To Form.

[Signature]
Stephen Ross, Santa Fe County Attorney

BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of March, A.D., 2006 at 08:55
And Was Duly Recorded as Instrument # 1422473
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy *[Signature]* Valerie Espinoza
County Clerk, Santa Fe, NM