SFC CLERK RECORDING01/12/2007

SANTA FE COUNTY

RESOLUTION 2007 - 3

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 9, 2007, did request the following budget adjustment:

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

Fund Name: DOH Pass Through Grant

Budget Adjustment Type: Budget Increase

Fiscal Year: 2007: (July 1, 2006 - June 30, 2007)

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	371	90-00	State/Other	200,000	
TOTAL (if SUBTOTAL, check here ____)					200,000	

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	50-03	Contractual Services\Professional Services	200,000	
TOTAL (if SUBTOTAL, check here ____)					200,000	

Requesting Department Approval: _____ **Title: Director** **Date: 12/27/06**
Steve Shepherd

Finance Department Approval : _____ **Date:** 12/28/06

Entered by: _____ **Date:** _____

County Manager Approval : _____ **Date:** _____

SFC CLERK RECORDING01/12/2007

SANTA FE COUNTY

RESOLUTION 2007 - 3

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Mary Justice **Dept/Div: Health & Human Services\Care Connection** **Phone No.: 992-9848**

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 Care Connection budget by $ 200,000. This is funding from the NM Department of Health that is to pass through for in-patient substance abuse treatment. The designated recipient for the funds is the Santa Fe Recovery Center. The purpose is to fund and expand the availability of in-patient substance abuse treatment in Santa Fe County.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?

  We did not receive the grant contract until well after the fiscal year began..

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

  This is non-recurring transfer, and there are no future funding impacts.

- 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 is state funding, and I have attached a copy of the state grant contract.

    DOH Act Sections 9-7-6.1 to 9-7-6.3 and Sections 11-1-1 to 11-1-7, NMSA 1978
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.

    This grant does not include state or federal funding.

SFC CLERK RECORDING01/12/2007

SANTA FE COUNTY

RESOLUTION 2007 - 3

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Mary Justice **Dept/Div: Health & Human Services\Care Connection** **Phone No.: 992-9848**

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 direct commission action.

  - d) Please identify other funding sources that can be used to match this request.

    Santa Fe County currently provides $ 180,000 from the Healthcare Assistance Program for this purpose.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

  This request will 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.

  This request has no FTE impact, and there is no future funding impact.

SANTA FE COUNTY

RESOLUTION 2007 - 3

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 9th Day of January, 2007.

Santa Fe Board of County Commissioners

Harry B. Montoya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

Approved As To Form.

By: for Stephen C. Ross
County Attorney

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 12TH Day Of January, A.D., 2007 at 15:41 And Was Duly Recorded as Instrument # 1466909 Of The Records Of Santa Fe County

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