SFC CLERK RECORDING01/31/2007

SANTA FE COUNTY

RESOLUTION 2007 - 12

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

Whereas, the Board of County Commissioners meeting in regular session on Jan. 30, 2007, did request the following budget adjustment:

Department / Division: Health & Human Services Department/Home for Good Fund Name: US Department of Education

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
101	0454	372	0903	Other/US Department of Education	19,577	
TOTAL (if SUBTOTAL, check here)					19,577	

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	0454	466	10-26	Salary and Wages Term Employees	11,747	
101	0454	466	20-01	FICA Regular	486	
101	0454	466	20-02	FICA Medicare	114	
101	0454	466	20-03	Retirement Contributions	5627	
TOTAL (if SUBTOTAL, check here X)						

Requesting Department Approval: _____ **Title:** Director **Date:** December 27, 2006
Stephen D. Shepherd

Finance Department Approval: _____ **Date:** 1/19/06 **Entered by:** _____ **Date:** _____

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

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SANTA FE COUNTY

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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
				BALANCE BROUGHT FORWARD	**17,974**	
101	0454	466	20-05	Health Care	1490	
101	0454	466	20-06	Retirement Health Care	104	
101	0454	466	20-08	Workers Compensation	9	
TOTAL (if SUBTOTAL, check here)					**15,577**	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya **Dept/Div:** Health & Human Services Department/Home for Good Program **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 and Human Services Department/Home for Good Program Project by $19,577.00. The figure that was used was an estimate; we now have the correct amount.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
  It was include but it was an estimate

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

- 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 not a state special appropriation.

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

    This a Federal Grant:
    Grant Name: Home for Good Program
    Award Date: 9/13/2005
    Grant Number: Q255A0300007-04
    Grant Amount: $333,472.00

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RESOLUTION 2007 - 12

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Videlia T. Montoya **Dept/Div:** Health & Human Services Department/Home for Good Program **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.):

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

    This request is not a result of Commission action.

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

    Match is in-kind only

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
  This 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.
  This request does not have an FTE impact.

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SANTA FE COUNTY

RESOLUTION 2007 - 12

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 30th Day of January, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson 1/30/07

ATTEST:

Valerie Espinoza 1/30/07

Valerie Espinoza, County Clerk

Approved As To Form.

By Carolyn Glick for

Stephen Ross, County Attorney

BCC RESOLUTIONS
PAGES: 5

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of January, A.D., 2007 at 13:06
And Was Duly Recorded as Instrument # 1469094
Of The Records Of Santa Fe County

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

Deputy