SFC CLERK RECORDING01/31/2007

SANTA FE COUNTY

RESOLUTION 2007 - 13

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/CARE Connection Fund Fund Name: MOA with St. Vincent's

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	0481	341	95-02	MOA with St. Vincent's Hospital	211,054	
TOTAL (if SUBTOTAL, check here ____)					**211,054**	

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	0481	465	10-24	Salary & Wages Temp Employees	15,000	
242	0481	465	20-01	FICA Regular	1,200	
242	0481	465	20-02	FICA Medicare	1,350	
242	0481	465	50-90	Other Contractual Services	2,500	
TOTAL (if SUBTOTAL, check here X)					**20,050**	

Requesting Department Approval: _____ **Title:** Director **Date:** January 3, 2007
Stephen D. Shepherd

Finance Department Approval: _____ **Date:** 1/19/07 **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	**20,050**	
242	0481	465	60-01	Office Supplies – Inventory Exempt	1,300	
242	0481	465	60-03	Supplies Uniform/Linen Purchase	6,000	
242	0481	465	60-05	Supplies – Non-Capital Med & Lab	2,000	
242	0481	465	60-08	Office Supplies – Field Supplies	2,000	
242	0481	465	60-11	Office Supplies – Inmate Clothing/Supplies	2,500	
242	0481	465	60-90	Supplies – Other Supplies	3,500	
242	0481	465	70-36	Operating Costs- Postage	100	
242	0481	465	70-37	Operating Costs -- Advertising & Printing	6,500	
242	0481	465	70-90	Operating costs – Misc.	158,897	
242	0481	465	80-01	Capital Purchase – Building & Structures	2,355	
242	0481	465	80-15	Capital Purchase – Computers & Peripheral	3,662	
242	0481	465	80-95	Capital Purchase – Exempt Computer	968	
242	0481	465	80-99	Capital Purchase – Inv. Exempt	1,222	
TOTAL (if SUBTOTAL, check here)					**211,054**	

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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.):

- 1) Please summarize the request and its purpose.
  This request increases the Health and Human Services Department CARE Connection Sobering Program $211,054.00.

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

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This request is 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 is not a state or federal grant.

SFC CLERK RECORDING 01/31/2007

SANTA FE COUNTY

RESOLUTION 2007 - 13

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.
    There are no other funding sources to match this request.

- 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 - 13

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, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

Approved As To Form.

By Carolyn Glick for
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5

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 # 1469095
Of The Records Of Santa Fe County

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