SANTA FE COUNTY

RESOLUTION 2016 - 103

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

Whereas, the Board of County Commissioners meeting in regular session on September 27, 2016, did request the following budget adjustment:

Department / Division: Community Services Department Fund Name: EMS Health Care Fund (232)

Budget Adjustment Type: Budget Increase Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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	0421	371	0500	State Grants/DOH	$4,230	
TOTAL (if SUBTOTAL, check here--------)					$4,230	

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	0421	461	60-12	Food Provisions/sponsored community meetings	$2,230	
232	0421	461	70-02	Rent of Land/Building/room rental/sponsored community meetings	$2,000	
TOTAL (if SUBTOTAL, check here ____)					$4,230	

Requesting Department Approval: Patricia Boies Title: Director, Health Services Division Date: 9/14/16

Finance Department Approval: Carole H. Jaramillo **Date:** 9/15/16

County Manager Approval: Katherine Miller **Date:** 9/3/16

Entered by:_____ **Date:**_____

Updated by:_____ **Date:**_____

SFC CLERK RECORDED 10/05/2016

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BUDGET ADJUSTMENT CONTINUATION SHEET

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Patricia Boies** **Dept/Div: Community Services Department** **Phone No.: 995-9538**

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.

The New Mexico Department of Health (DOH) is providing $4,230 to the Santa Fe County Community Services Department (CSD) to work in partnership with surrounding counties to develop a unified vision, goals, a formal regional agreement of collaboration and to document and report on progress throughout the year. To work within a regional collaborative of surrounding counties to build capacity by identifying and involving additional partners/counties in a unified vision and document and report on progress throughout the year. To provide documentation of at least two consecutive monthly meeting minutes, sign-in sheets and agendas, and to attend A Regional Health Council gathering.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
N/A			

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
N/A		

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

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) If 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 X NO _____
    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 an 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. N/A

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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 27th **Day of** September, **2016.**

Santa Fe Board of County Commissioners

Miguel Chavez, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

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 5TH Day Of October, 2016 at 10:56:01 AM And Was Duly Recorded as Instrument # 1806313 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy _____ County Clerk, Santa Fe, NM

SFC CLERK RECORDED 10/05/2016