

SANTA FE COUNTY

RESOLUTION 2016 - 49

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

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_, did request the following budget adjustment:

Department / Division: CSD/Senior Services Fund Name: General Fund (101)

Budget Adjustment Type: Budget Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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                              | 0492                      | 371                    | 24-00                | State Area Agency on Aging | \$11,991        |                 |
| TOTAL (if SUBTOTAL, check here ) |                           |                        |                      |                            | \$11,991        |                 |

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                              | 0492                      | 461                    | 60-07                | Supplies -- Operational Supplies | \$11,991        |                 |
| TOTAL (if SUBTOTAL, check here ) |                           |                        |                      |                                  | \$11,991        |                 |

Requesting Department Approval: Patricia Brown Title: Asst CSD Director Date: 4/27/16  
Finance Department Approval: Carolyn Gaudin Date: 4/27/16 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
County Manager Approval: Katherine D. Jellum Date: 5-10-16 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2016 - 49

BUDGET ADJUSTMENT CONTINUATION SHEET

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: K. Greg Smith Dept/Div: CSD/Senior Services 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.

The proposed budget increase will increase the Home-Delivered Meals Program budget by \$11,991.00. The source of the funding is State General Fund that flows through both the New Mexico Aging and Long-Term Services Department (NMAL.TSD) and the Non-Metro New Mexico Area Agency on Aging (NMNMAAA). The increase in funding is based on the Program exceeding home-delivered meal delivery program goals by a projected increase of 5,500 meals during the current fiscal year. The funding will be utilized in the operational supplies line-item (food) to support the increased level of participation.

- 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.

This funding originates from the General Fund and is provided by the New Mexico Legislature through the General Appropriation Act of 2015. The appropriation flows through the NMAL.TSD and the NMNMAAA.

# SANTA FE COUNTY

## RESOLUTION 2016 - \_\_\_\_\_

- 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.

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RESOLUTION 2016 - 49

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 10<sup>th</sup> Day of May, 2016.

Santa Fe Board of County Commissioners

Miguel Chavez  
Miguel Chavez, Chairperson

ATTEST:

Geraldine Salazar  
Geraldine Salazar, County Clerk



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 13TH Day of May, 2016 at 10:04:18 AM  
and Was Duly Recorded as Instrument # 1793443  
Of The Records Of Santa Fe County

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

