

SANTA FE COUNTY

RESOLUTION 2000- 100

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

Whereas, the Board of County Commissioners meeting in regular session on August 29, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Dev./Health Division Fund Name: Maternal Child Health

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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	0403	360	10-09	Contributions/Donations/The Frost Foundation	45,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					45,000	

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
101	0403	462	50-03	Contractual Services: Professional Services	44,500	
101	0403	462	70-37	Printing/Publishing/Advertisements	500	
					45,000	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 08/18/00

Finance Department Approval: [Signature] Date: 8-23-00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8-29-00

1801742

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Health Division

Phone #: 992-3060

1801743

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 Maternal Child Health Care budget to include a grant from the Frost Foundation in the Amount of \$ 45,000.

The purpose of this grant is to continue the County's work with the Santa Fe Community Infant Project.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

Santa Fe County was not notified of the grant award until after the FY-2001 Operating Budget cycle was complete.

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

This budget increase and the resulting expenditures are non-recurring. There will be 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 request does not include state funds.

- 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.

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

1801744

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Health Division

Phone #: 992-3060

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 the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available funds that can be used 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 request does not include capital outlay.
- 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.

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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 29th Day of August, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairperson



ATTEST:

Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By [Signature]
Santa Fe County Attorney

1127.912
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) SS
I hereby certify that this instrument was filed
for record on the 30 day of Aug A.D.
20 00 at 2:12 o'clock P
and was duly recorded in book 1801
page 742-75 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
[Signature]
Deputy

