

SANTA FE COUNTY

RESOLUTION 2000- 102

1801751

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: EMS/Health Care: Kellogg Foundation

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
232	<u>0000</u> <u>0421</u>	360	01-90	Contributions/Donations/Kellogg Foundation	40,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					40,000	

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
232	0421	461	10-26	Term Employees	4,500	
232	0421	461	30-01	In-State Mileage & Fares	500	
232	0421	461	30-03	In-State Meals & Lodging	2,000	
232	0421	461	50-03	Contractual Services	25,500	
Total (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					32,500	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 08/18/00

Finance Department Approval: Katherine Miller Date: 8-23-00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8/22/00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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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
232	0421	461	70-03	Printing/Publishing/Advertising	5,000	
232	0421	461	80-03	Equipment and Machinery	2,500	
TOTAL (if SUBTOTAL, check here _____)					40,000	

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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

1801753

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 EMS/Health Care fund by \$ 40,000. This is a grant from the Kellogg Foundation .

The purpose of this grant is to perform county health care planning as directed by the Santa Fe County Board of County Commissioners, and its Health Planning Commission.

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

Santa Fe County did not receive notification of the grant award until after the start of FY-2001.

- 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.

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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

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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 includes a personal computer and copier not to exceed \$ 2,500. These items will be used to support staff on health care planning.
- 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, but does include funds to offset staff time devoted to this effort.

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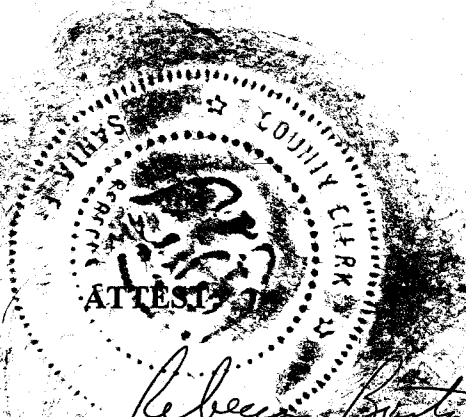
1801755

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



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
Santa Fe County Attorney

1127914
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 30 day of Aug A.D.
20 00, at 2:14 o'clock Pm
and was duly recorded in book 1801
page 751-755 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
Marcella Salazar
Deputy

