

SANTA FE COUNTY

RESOLUTION 2000 - 122

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 26, 2000, did request the following budget adjustment:

Department / Division: Community Health & Economic Development Fund Name: General Fund - Maternal Child Health Care

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	0000	371	90-00	State/Other	13,384	
101	0301	390	03-00	Operating Transfer In	1,071	
TOTAL (if SUBTOTAL, check here _____)					14,455	

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	14,298	
101	0403	462	60-07	Office Supplies	1,086	
101	0403	462	70-33	Seminars & Workshops		2,000
101	0403	462	01-00	Operating Transfer Out	1,071	
TOTAL (if SUBTOTAL, check here _____)					16,455	2,000

Requesting Department Approval: Robert Anaya Title: Director Steph J. Ford Date: _____

Finance Department Approval: [Signature] Date: 9/21/00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9/22/00

1810452

SANTA FE COUNTY
RESOLUTION 2000- 122

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Maternal Child Healthcare

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.):

- 1) Please summarize the request and its purpose.

This request increases Maternal Child Healthcare budget by \$ 13,384. The purpose of this request is to budget the full amount of the FY-2001 State of New Mexico grant.

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

An estimate of the FY-2001 budget was included in the operating budget, but we underestimated by \$ 13,384.

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

This budget transfer and the resulting expenditures are non-recurring. There are 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:

This request includes state funding.

- 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 a state grant.

Grant Name : Maternal Child Health Care

Grant Number : 99/665.4200.0010

Award Date : 07/01/00

Amount : \$ 209,465

1810453

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development

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.
Santa Fe County is contributing \$ 105,000 to this program in FY-2001 from the 232/Health Care Fund.
- 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 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 has no FTE impact.

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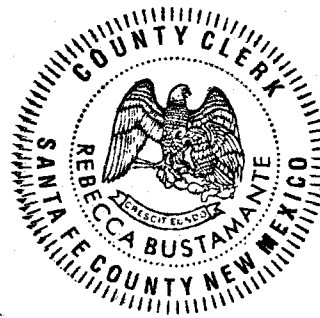
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 26th Day of September, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairman

ATTEST:
Rebecca Bustamante
Rebecca Bustamante, County Clerk



Approved as to Form & Legal Sufficiency.

By [Signature]
Santa Fe County Attorney's Office

1130.783
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed for
record on the 27 day of Sept A.D.
20 00 at 10:35 o'clock a m and
was duly recorded in book 1810 page
452 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