SANTA FE COUNTY

RESOLUTION 2010 - 200

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 2010, did request the following budget adjustment:

Department / Division: Community Services\Health & Human Services

Fund Name: Maternal and Child Health Planning Council

Budget Adjustment Type: Budget Increase

Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0403	360	01-90	Contribution, Donation & Agreement/Misc.	2,500	
TOTAL (if SUBTOTAL, check here ___)					2,500	

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	0403	462	10-26	Term Employees	1,732	
232	0403	462	20-01	FICA: Regular	204	
232	0403	462	20-02	FICA: Medicare	43	
232	0403	462	20-03	Retirement Contributions	738	
TOTAL (if SUBTOTAL, check here X)					2,717	

Requesting Department Approval: Stephen Shepherd **Title:** Division Director **Date:** 10/04/10

Finance Department Approval: **Date:** 10/5/2010

Entered by: _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

Updated by: _____ **Date:** _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
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	0403	462	20-05	Health Care		410
232	0403	462	20-06	Retirement Health Care	193	
TOTAL (if SUBTOTAL, check here)					2,910	410

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa Garcia **Dept/Div:** Community Services\Health & Human Services **Phone #:** (505)-995-9527

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 MCH Program is receiving a stipend of $ 2,500 to continue monthly reports for UNM Evaluation Project of Community Health Councils. This request will budget funds received through an invoice from UNM to supplement the MCH Coordinator's salary since the position was reduced to a part-time position this fiscal year. The Coordinator will continue the work of the Council as stated in MOA 9662 between New Mexico Department of Health and Santa Fe County. This adjustment also moves $ 410 from the Health Care line item to other Salary and Benefit line items to ensure the best balance among these line items.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26 & Associated	Increase Number of Hours Budgeted to 35 Hours a Week	Term	MCH Program Coordinator
Category 20 Line Items			

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

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

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DEPARTMENT CONTACT:

DEPARTMENT CONTACT: Name: Lisa Garcia **Dept/Div:** Community Services\Health & Human Services **Phone #:** (505)-995-9527

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 a award letter and proposed budget.

  Grant Name : Maternal and Child Health Planning Council Award Date : 08/17/09
  Grant Number : Memorandum of Agreement #9662 Award Amount : $ 132,523
  The MCH budget includes $ 2,265 of carryover state funding from fiscal year 2010.

- 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.

  There are no other funding sources to match this request.

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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 October, 2010.

Santa Fe Board of County Commissioners

Harry B. Montoya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of October, 2010 at 12:02:25 PM And Was Duly Recorded as Instrument # 1615166 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

Deputy