

1691755

# SANTA FE COUNTY

## RESOLUTION 1999 - 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 28, 1999, did request the following budget adjustment:

Department / Division: Health & Human Services / DWI Screening Program Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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	<del>0000</del> 1506	385	<del>0100</del> 0.800	Budgeted Cash / General Fund	18,000	
TOTAL (if SUBTOTAL, check here _____)					18,000	

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	1506	464	5090	Contractual Services / Other Contractual Services	18,000	
TOTAL (if SUBTOTAL, check here _____)					18,000	

Requesting Department Approval: Andrew D. Chavez Title: HHSD Director Date: 9-20-99

Finance Department Approval: Katherine Miller Date: 9-22-99 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 9-28-99

**SANTA FE COUNTY**  
**RESOLUTION 1999 - 122**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Andrew Chavez Dept/Div: Health & Human Services Phone No.: 986-6375

**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 budget for the DWI Screening Program from FY99 cash balance generated from screening fees at the Magistrate Court. \$10,000 will be used to pay for the office space used by the DWI Screening Program and \$8,000 will be used to purchase screening tests used in the screening program.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?  
This request was not included in the Fiscal Year 2000 Operating Budget because the amount was not known at the time.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This increase is non-recurring for Fiscal Year 2000.
- 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 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 not a state or federal grant.

1691757

# SANTA FE COUNTY

## RESOLUTION 1999 - 122

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Andrew Chavez Dept/Div: Health & Human Services Phone No.: 986-6375

**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 funding sources 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 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 does not have an FTE impact.

1691758

SANTA FE COUNTY

RESOLUTION 1999 - 122

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 28<sup>th</sup> Day of September, 1999.

Santa Fe Board of County Commissioners

*Joe S. Griñe, Jr.*  
Joe S. Griñe, Jr., Chairperson

ATTEST:

*Rebecca Bustamante*  
Rebecca Bustamante, County Clerk

Approved As To Form.

By *Denice Brown*  
Denice Brown, County Attorney



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO 1091 ) 845 A )SS  
I hereby certify that this instrument was filed  
for record on the 29 day of Sept A.D.  
19 99, at 1:15.01 o'clock P m  
and was duly recorded in book 1691  
page 755-758 of the records of  
Santa Fe County.

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

*Veronica Clayton*  
Deputy

