

SANTA FE COUNTY

RESOLUTION 1999 - 163

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

Whereas, the Board of County Commissioners meeting in regular session on December 28, 1999, did request the following budget adjustment:

Department / Division: Health & Human Services / DWI Fund Name: General Fund and State Special Appropriations 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
318	0743	371	9000	State Grants / Other	150,000	
101	1508	390	0300	Other Financing Source / Operating Transfers In	10,000	
TOTAL (if SUBTOTAL, check here)					160,000	

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
318	0743	481	5003	Contractual Services / Professional Services	140,000	
318	0743	490	0100	Other Financing Use / Operating Transfers Out	10,000	
101	1508	464	5090	Contractual Services / Other Contractual Services	10,000	
TOTAL (if SUBTOTAL, check here)					160,000	

Requesting Department Approval: [Signature] Title: _____ Date: _____

Finance Department Approval: [Signature] Date: 12/21/99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 12/28/99

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert Anaya Dept/Div: Health & Human Services Phone No.: 424-2060

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 General Services / State Special Appropriations Fund for the architectural/engineering design services and equipment necessary to plan and operate an estimated 8,000 square foot Assessment, Detoxification and Treatment Center for DWI offenders. This request also budgets an operating transfer from the State Special Appropriations Fund to the General Fund / DWI Magistrate Data Entry cost center for a Data Entry Clerk to enter prior DWI convictions into the statewide FACTS automated system.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
This grant was not awarded until November 24, 1999.

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

- 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, however, this grant is budgeted within this fund to properly track the total expenditures for the Assessment, Detoxification and Treatment Center.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
Department of Finance and Administration DWI Grant, Grant #99-D-J-G-27, awarded November 24, 1999 for \$150,000.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert Anaya Dept/Div: Health & Human Services Phone No.: 424-2060

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.
The grant requires a match of \$26,400, which shall be provided for through the personnel services of a Data Entry Clerk, a full-time position funded within Magistrate Court.

- 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.

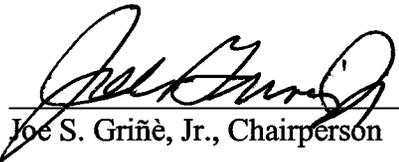
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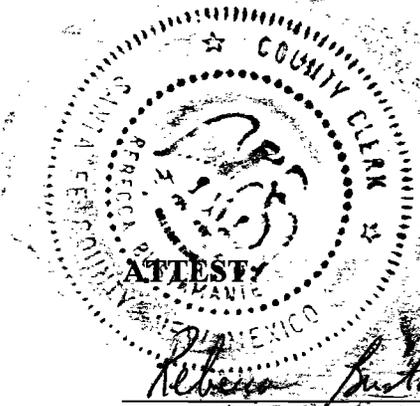
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of December, 1999.

Santa Fe Board of County Commissioners


Joe S. Griñe, Jr., Chairperson



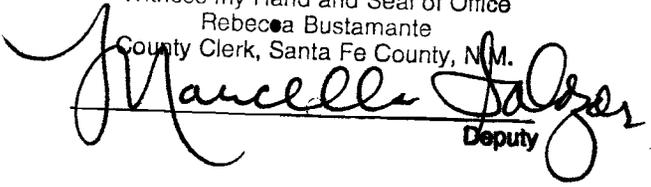

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Denice Brown, County Attorney

1101.469
COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 29 day of Dec A.D.
19 99 , at 12:09 o'clock P m
and was duly recorded in book 1721,
page 932-935 of the records of
Santa Fe County.

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

Deputy

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