

SANTA FE COUNTY

RESOLUTION 1999 - 22

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

Whereas, the Board of County Commissioners meeting in regular session on February 23, 1999, did request the following budget adjustment:

Department / Division: Administrative Services / DWI Fund Name: State Special Appropriations Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 1999 (July 1, 1998 - June 30, 1999)

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 Grant - Detoxification Center	145,000	
TOTAL (if SUBTOTAL, check here)					145,000	

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	120,000	
318	0743	481	8003	Capital Purchases / Equipment & Machinery	25,000	
TOTAL (if SUBTOTAL, check here)					145,000	

Requesting Department Approval: Andrew D Chang Title: ASD Dir. Date: _____

Finance Division Approval: Donna Jay Date: 2/16/99 Entered by: _____ Date: _____

County Manager Approval: Sam Wolf Date: 2/22/99

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SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Linda Dutcher Dept/Div: ASD / DWI Phone No.: 986-6380

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 is to increase the General Services / State Special Appropriations Fund by \$145,000 for the design, engineering, and furnishing of an Assessment, Detoxification, and Treatment center.
- 2) Why was this request not included in the Fiscal Year 1998 Operating Budget?
The grant agreement amendment was not ratified until February 23, 1999.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is non-recurring and 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:
 - 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.
Amendment No. 1 to Department of Finance and Administration Grant #98-D-J-G-27, increasing the grant amount by \$145,000, awarded February 1, 1999.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Linda Dutcher Dept/Div: ASD / DWI Phone No.: 986-6380

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. \$25,000 is to be used for furnishings and equipment for the Assessment, Detoxification and Treatment center.
- 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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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 23rd Day of February, 1999.

Santa Fe Board of County Commissioners

[Handwritten Signature]

Paul Duran, Chairperson



1606885



Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten Signature]*
Denice Brown, County Attorney

1062.791
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO }
I hereby certify that this instrument was filed
for record on the 24 day of Feb A.D.
19 99, at 3:51 o'clock P m
and was duly recorded in book 1606
page 882-885 of the records of
Santa Fe County.

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

[Handwritten Signature]
Deputy