

SANTA FE COUNTY

RESOLUTION 2002- 115

2216728

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 24, 2002 did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development/ DWI Program Fund Name: Underage Drinking Enforcement

Budget Adjustment Type: Budget Increase

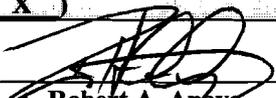
Fiscal Year: 2003: (July 1, 2002 - June 30, 2003)

BUDGETED REVENUES: (use continuation sheet, if necessary)

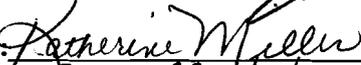
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0418	371	04-00	DWI/State Grants	10,000	
TOTAL (if SUBTOTAL, check here)					10,000	

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	0418	464	10-26	Term Employees	1,587	
101	0418	464	20-01	FICA/Employer	98	
101	0418	464	20-02	FICA/Medicare	23	
101	0418	464	20-03	PERA/Employer	292	
TOTAL (if SUBTOTAL, check here <u>X</u>)					2,000	

Requesting Department Approval: 
 Robert A. Anaya

Title: Director Date: 9/12/02

Finance Department Approval:  Date: 9.18.02

Entered by: _____ Date: _____

County Manager Approval:  Date: 9/18/02

2216729

SANTA FE COUNTY

RESOLUTION 2002- 115

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
101	0418	464	50-90	Other Contractual Services	6,000	
101	0418	464	60-08	Office Supplies	2,000	
					10,000	

SANTA FE COUNTY
RESOLUTION 2002-115

2216730

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/ DWI Program

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 the CHEDD/DWI Program budget by \$10,000.00. The purpose of this request is to increase the budget to include a Underage Drinking Enforcement Grant that was awarded to the CHEDD/DWI Program through the State of New Mexico /Traffic Safety Bureau for FY-2003.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

The grant began in Fiscal Year 2002 and continues through the beginning of Fiscal Year 2003, so funds not spent in the last fiscal year have to be budgeted for this fiscal year to allow the expending of funds remaining.

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

This budget increase and the resulting expenditures are non-recurring. There is no future funding impact.

- 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 : Underage Drinking Enforcement

Grant Number : 02-AL-63-091

Award Date : 12/24/01

Amount : \$10,000

SANTA FE COUNTY

RESOLUTION 2002- 115

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/DWI Program

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.
Match is in-kind only.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This 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.), the future funding impact, and revenue source.
Partial funding for an existing Term FTE is included in this request, but this request does not increase the FTEs.

2216731

SANTA FE COUNTY

RESOLUTION 2002- 115

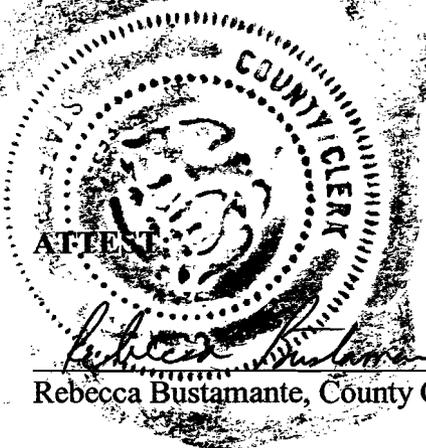
2216732

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 24th Day of September, 2002

Santa Fe Board of County Commissioners

[Signature]
Paul Duran, Chairman



[Signature]
Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By *[Signature]*
Santa Fe County Attorney's Office



1225 158
COUNTY OF SANTA FE }
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 25 DAY OF Sept A.D.
20 02 AT 11:08 O'CLOCK 12 A.M.
AND WAS DULY RECORDED IN BOOK 2216
PAGE 728-732 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