

# SANTA FE COUNTY

## RESOLUTION 2002- 150

**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 3, 2002 did request the following budget adjustment:

Departments/Divisions: CHDD/CDWI/LDWI and County Sheriff Fund Name: General Fund

Budget Adjustment Type: Budget Transfers Between Departments Fiscal Year: 2003: (July 1, 2002 - June 30, 2003)

BUDGETED REVENUES: (use continuation sheet, if necessary)

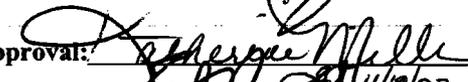
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1201	390	03-00	Operating Transfer In	6,199	
<b>TOTAL (if SUBTOTAL, check here )</b>					6,199	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

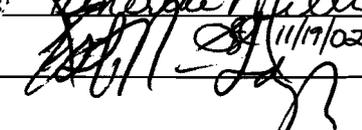
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1201	424	10-92	Salary & Wages/Community DWI Grant	3,199	
101	1201	424	10-92	Salary & Wages/Local DWI Grant	3,000	
101	0405	464	50-03	Contractual Services/Professional Services		3,199
101	0404	464	50-03	Contractual Services/Professional Services		3,000
101	0405	490	01-00	Operating Transfers Out	3,199	
101	0404	490	01-00	Operating Transfers Out	3,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					12,398	6,199

Requesting Department Approval:   
Robert A. Araya

Title: Director Date: 11/18/02

Finance Department Approval:  Date: 11.22.02

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval:  Date: 11/22/02

2281327

SANTA FE COUNTY

RESOLUTION 2002- 150

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 transfers funds from the CDWI and LDWI grants program into the County Sheriff's budget to complete multi-agency DWI roadblocks/checkpoints and warrant enforcement.

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

These funds are being transferred to the Sheriff's budget so that the expenditures can be monitored as they occur.

- 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 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:

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	: Community DWI Grant/Local DWI Grant	Grant Number	: 02-CD-31-091/02-D-J-G-27
Award Date	: 07/01/02 Annual Grants	Amount	: \$75,399.00/\$750,292.00

2281328

SANTA FE COUNTY

RESOLUTION 2002- 150

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*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.  
The CHDD/DWI Program was awarded the grant so they will be providing the necessary match.
- 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 does not impact the FTEs.

SANTA FE COUNTY

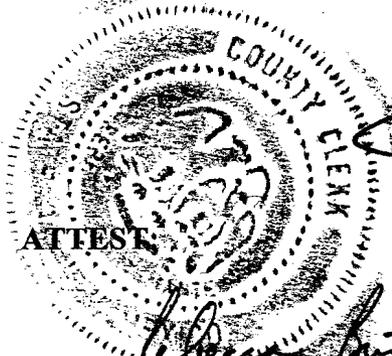
RESOLUTION 2002- 150

2281330

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 3rd Day of December, 2002

Santa Fe Board of County Commissioners



ATTEST

*Rebecca Bustamante*

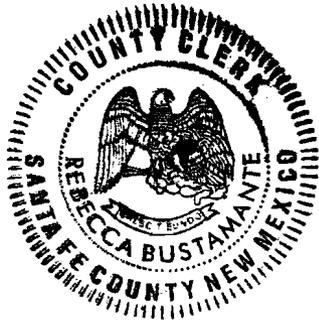
Rebecca Bustamante, County Clerk

*Paul Duran*  
Paul Duran, Chairman

Approved as to Form & Legal Sufficiency.

By *Maica Duran*  
Santa Fe County Attorney's Office

DM



1237 241  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO } ss  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 4 DAY OF Dec A.D.  
20 02 AT 3:02 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2281  
PAGE 327-330 OF THE RECORDS OF  
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.

*Marcella [Signature]*  
DEPUTY