

SANTA FE COUNTY

RESOLUTION 2002- 158

2281358

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: Community Health & Development Department/ CRAFT Project Fund Name: Community Reinforcement And Family Training

Budget Adjustment Type: Budget Decrease

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	0411	372	0902	Federal Grants		75,742
TOTAL (or SUBTOTAL, check here)						75,742

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	0411	464	30-01	Out-State Mileage & Fares		3,396
101	0411	464	50-03	Professional Services		72,346
TOTAL (or SUBTOTAL, check here)						75,742

Requesting Department Approval: [Signature]
Robert A. Araya

Title: Director Date: 11/18/02

Finance Department Approval: [Signature] Date: 11/22/02

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11/22/02

SANTA FE COUNTY

RESOLUTION 2002-158

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/ CRAFT Project

Phone #: 992-3060

2281359

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 decreases the CHDD/CRAFT Project budget by \$75,742.00. The figure that was used was an estimate; we now have the correct amount. Also we did not have Federal Approval at the beginning of the fiscal year, we did get the approval in late in the fiscal year.

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

It was included but it was an estimate.

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

This budget ~~increase~~ ^{decrease} 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 Federal 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 Federal grant.

Grant Name: Santa Fe County CRAFT Project
Award Date: 09/22/00

Grant Number: 1-H79-T112425-01
Amount: \$477,297.00

2281360

SANTA FE COUNTY

RESOLUTION 2002- 158

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/CRAFT Project

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.
 - 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.
- 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 - 158

281361

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



Paul Duran, Chairperson



ATTEST

Rebecca Bustamante, County Clerk

Approved As To Form.

By Monica Oliveros for Steven Kopelman, County Attorney

1237 249
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED FOR RECORD ON THE 4 DAY OF Dec A.D. 20 02 AT 3:09 O'CLOCK P.M. AND WAS DULY RECORDED IN BOOK 2281 PAGE 358-361 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 of Marcello A. Carr and the word DEPUTY