

2061247

SANTA FE COUNTY

RESOLUTION 2002- 16

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

Whereas, the Board of County Commissioners meeting in regular session on January 29, 2002, did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development/ DWI Program Fund Name: DWI Detoxification/Treatment

Budget Adjustment Type: Budget Increase

Fiscal Year: 2002: (July 1, 2001 - June 30, 2002)

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	0422	371	04-00	DWI/State Grants	300,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					300,000	

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	0422	464	40-01	Maintenance Building/Structures	5,000	
101	0422	464	50-03	Professional Services	265,000	
101	0422	464	60-01	Inventory Exempt	5,000	
101	0422	464	<del>60-03</del>	Office Supplies	10,000	
<b>TOTAL (if SUBTOTAL, check here X )</b>					285,000	

Requesting Department Approval: [Signature]  
Robert A. Anaya

Title: Director Date: 1/7/02

Finance Department Approval: [Signature] Date: 1/23/02

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

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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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	0422	464	70-33	Seminars & Workshops	15,000	
					300,000	

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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.):

- 1) Please summarize the request and its purpose.

This request increases the CHEDD/DWI Program budget by \$300,000.00. The purpose of this request is to increase the budget to include a DWI Detoxification/Treatment Grant that was awarded to the CHEDD/DWI Program through the State of New Mexico /Department of Finance for FY-2002. The funds will be used to amend existing contracts and solicit additional services for substance abuse treatments for the indigent, to enhance substance abuse treatment programs at the County jail, to provide case management and follow-up for substance abusers, employee training and related expenditures.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

The grant had not yet been awarded when the fiscal year began so we were unable to include it in our Operating Budget until now.

- 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 recurring. A grant application will have to be processed and submitted to the State of New Mexico/Department of Finance by the County each year to request approval of these funds.

- 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 : DWI Detoxification/Treatment

Grant Number : 01-X-I-G-27

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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.  
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.), and the future funding impact and revenue source.  
This does not impact the FTEs.

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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 29th Day of January, 2002

Santa Fe Board of County Commissioners

*[Handwritten signature]*

Paul Duran, Chairman



*[Handwritten signature]*

Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By *[Handwritten signature]*

Santa Fe County Attorney's Office



1191288

COUNTY OF SANTA FE  
STATE OF NEW MEXICO ]ss  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 30 DAY OF Jan A.D.  
20 02 AT 1:18 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2061  
PAGE 247-251 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