

SANTA FE COUNTY

RESOLUTION 2002- 164

2296126

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 20, 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 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	0416	372	90-02	Other/US Department of Health & Human Services	61,305	
TOTAL (if SUBTOTAL, check here)					61,305	

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	0416	464	50-03	Professional Services	61,305	
TOTAL (if SUBTOTAL, check here <u>X</u>)					61,305	

Requesting Department Approval: [Signature] Title: Director Date: 12/11/02
 Robert A. Anaya

Finance Department Approval: [Signature] Date: 12-13-02 Entered by: _____ Date: _____
[Signature] 12-13-02

County Manager Approval: _____ Date: _____

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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.):

- 1) Please summarize the request and its purpose.
The request increases the CHDD/CRAFT Project budget by \$61,305.00. The figure that was used previously was an estimate; we now have the correct amount.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
It was included but it was an estimated amount that was used.

- 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 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.

Grant Name: Santa Fe County CRAFT Project
Award Date: 03/19/02

Grant Number: H79-TI12425-02
Amount : 477,297.00

2296127

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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.
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.
- 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 20th Day of December, 2002

Santa Fe Board of County Commissioners

[Handwritten signature of Paul Duran]

Paul Duran, Chairman

2296129



Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By *[Handwritten signature]*
Santa Fe County Attorney's Office



1240 257
COUNTY OF SANTA FE
STATE OF NEW MEXICO
HEREBY CERTIFY THAT THIS INSTRUMENT
FOR RECORD ON THE 23 DAY OF Dec
2002 AT 10:27 O'CLOCK a.m.
AND WAS DULY RECORDED IN BOOK 2296
PAGE 126-129 OF THE REC.

WITNESS MY HAND AND SEAL
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE CO.
[Handwritten signature]
Deputy