

SANTA FE COUNTY
RESOLUTION 2002 - 19

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

Whereas, the Board of County Commissioners meeting in regular session on February ²⁰~~12~~, 2002, did request the following budget adjustment:

Department / Division: CHDD/CDWI and County Sheriff Fund Name: General Fund

Budget Adjustment Type: Budget Transfer Between Departments Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

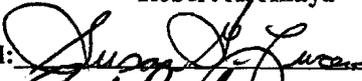
BUDGETED REVENUES: (use continuation sheet, if necessary)

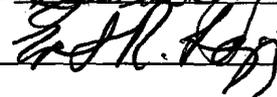
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1201	390	0300	Operating Transfer In	4,000	
TOTAL (if SUBTOTAL, check here)					4,000	

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	1201	424	1092	Salary & Wages / Community DWI Grant	4,000	
101	0405	464	5003	Contractual Services / Professional Services		4,000
101	0405	490	0100	Operating Transfer Out	4,000	
TOTAL (if SUBTOTAL, check here)					8,000	4,000

Requesting Department Approval:  Title: Department Director Date: 2/7/02

Finance Department Approval:  Date: 2/7/02 Entered by: _____ Date: _____

County Manager Approval:  Date: 2/8/02

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert Anaya Dept/Div: Community & Health Development Phone No.: 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 grant program to the County Sheriff's budget to complete some DWI roadblocks/checkpoints.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
These funds are being transferred to the Sheriff's budget to be able to track expenditures as they occur.

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

- 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:
 - 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: Community DWI Grant Grant Number: 02-CD-31-091
Award Date: 07/01/01 Annual Grant Amount: \$67,084

2074997

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya Dept/Div: Community & Health Development Phone No.: 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.
There are no other sources to match this
- 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 request does not have an FTE impact.

2074998

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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} ~~12th~~ Day of February, 2002.

Santa Fe Board of County Commissioners


Paul Duran, Chairperson



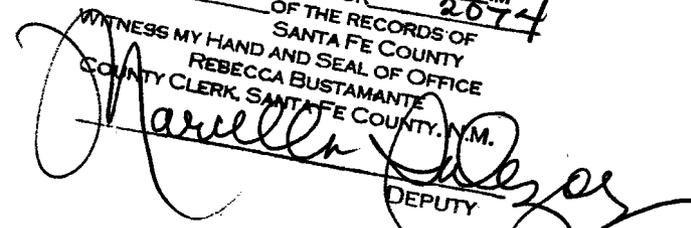

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Steven Kopelman, County Attorney

1194. 278
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 22 DAY OF Feb A.D.
2002 AT 2:08 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2074
PAGE 995-998

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

DEPUTY