

2136883

SANTA FE COUNTY

RESOLUTION 2002- 59

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

Whereas, the Board of County Commissioners meeting in regular session on ²⁸ ~~May 14~~, 2002, did request the following budget adjustment:

Departments/Divisions: Community Health & Development/DWI

Fund Name: General Fund and State Appropriation

Budget Adjustment Type: Budget Adjustment

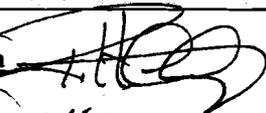
Fiscal Year: 2002: (July 1, 2002 - June 30, 2003)

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 |
|---|---------------------------------|------------------------------|----------------------------|-----------------------|--------------------|--------------------|
| 318 | 0743 | 390 | 01-00 | Operating Transfer In | 10,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 10,000 | |

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 |
|---|---------------------------------|------------------------------|----------------------------|------------------------------|--------------------|--------------------|
| 318 | 0743 | 481 | 80-01 | Buildings & Structures | 10,000 | |
| 101 | 1508 | 464 | 50-90 | Other Contractual Services | | 10,000 |
| 101 | 1508 | 490 | 03-00 | Operating Transfer Out | 10,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 20,000 | 10,000 |

Requesting Department Approval: Robert A. Anaya 

Title: Department Director

Date: 05/01/02

Finance Department Approval: Katherine Miller Date: 5-6-2
5/6/02

Entered by: _____ Date: _____

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/DWI

Phone #: 992-3056

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 purpose of this Bar is to return \$ 10,000^{originally} transferred from the State Appropriation Fund to the DWI Fund for Data Entry at Magistrate Court back to the State Appropriation Fund. At the request of the Finance Department, Steve Shepherd of the Community Health Division researched this transfer the funds. Mr. Shepherd found that DWI physical, and AS400 computer records did not show any expense charged against the funding. Therefore, the \$ 10,000 needs to be returned to the 318 fund.

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

The need for this BAR was unknown at that time.

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

This budget transfer and the resulting expenditures are non-recurring. There are 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:

- a) If this is a state special appropriation, cite statute and attach a copy.

This request involves a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

| | | | |
|------------|-----------------|--------------|---------------|
| Grant Name | : DFA DWI Grant | Grant Number | : 99-D-J-G-27 |
| Award Date | : 11/24/99 | Amount | : \$ 150,000 |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

Dept/Div: Community Health & Development Department/DWI

Phone #: 992-3056

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 funding sources to match this grant.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request returns the unused funding to the Capital Purchases category of the State Appropriations fund.
- 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 has no FTE impact.

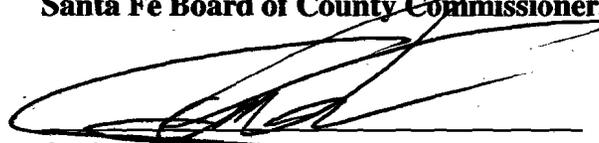
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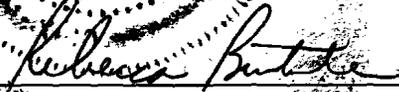
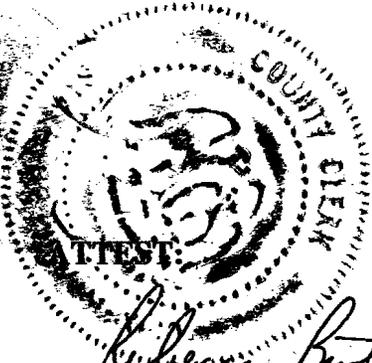
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of May, 2002.

Santa Fe Board of County Commissioners

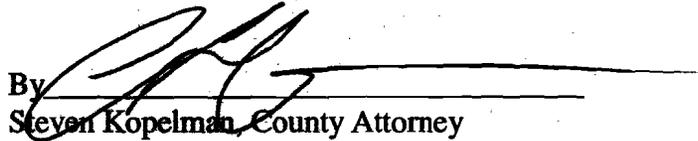


Paul Duran, Chairperson



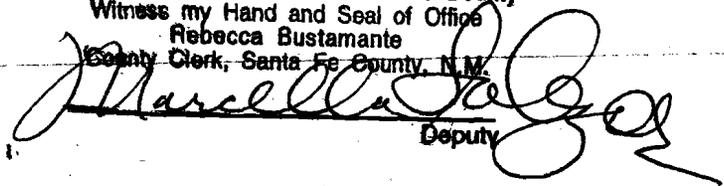
Rebecca Bustamante, County Clerk

Approved As To Form.


By _____
Steven Kopelman, County Attorney

1208.141
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO }
I hereby certify that this instrument was filed
for record on the 29 day of May A.D.
20 02 at 10:41 o'clock a.m.
and was duly recorded in book 2136
page 583-886 of the records of
Santa Fe County

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy