

SANTA FE COUNTY

RESOLUTION 2002 - 70

2152473

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

Whereas, the Board of County Commissioners meeting in regular session on June 11, 2002, did request the following budget adjustment:

Department / Division: Community Health & Development/Community Health Division Fund Name: Local DWI Program

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001 (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	0404	371	04-00	State\DWI Prevention	12,000	
<b>TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)</b>					12,000	

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	0404	464	10-26	Term Employees	12,619	
101	0404	464	20-03	PERA		1,887
101	0404	464	30-01	In-State Mileage & Fares		567
101	0404	464	30-02	Out-of-State Mileage & Fares		1,719
<b>TOTAL (if Sub-Total, check here <input checked="" type="checkbox"/>)</b>					12,619	4,173

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 05/31/02

Finance Department Approval: Robert A. Anaya Date: 06/03/02

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

Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 6/13/02

[Signature] 6/4/02

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 70**

**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
<b>TOTAL (if SUBTOTAL, check here _____)</b>						

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	0404	464	30-04	Out-of-State Meals & Lodging		1,350
101	0404	464	40-06	Maintenance: Equipment	2,000	
101	0404	464	50-03	Professional Services		30,712
101	0404	464	60-01	Inventory Exempt	8,000	
101	0404	464	60-07	Office Supplies	7,494	
101	0404	464	70-03	Telephone	1,122	
101	0404	464	80-03	Equipment & Machinery	17,000	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					48,235	36,235

2152474

**SANTA FE COUNTY**  
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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

**Dept/Div:** Community Health and Development/Community Health

**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.

This request budgets an increase in revenue and moves funds into the correct categories within the Local DWI (LDWI) Program. The purpose of this request is to put funding in the correct categories for expenditure prior to the end of the fiscal year.

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

These funds were budgeted within the FY-2002 Operating Budget. However, Local DWI (LDWI) Program revenue is not known until received from the State. Therefore, we must adjust it throughout the year.

- 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 impact.

- 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 is not a state special appropriation.

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

This grant includes state funding

State Grant Name: Local DWI Program

State Grant Number : 01-D-J-D-27

Award Date : 07/01/02

Amount : \$ 754,505

2152475

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 70**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

**Dept/Div:** Community Health and Development/Community Health

**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 action is not a result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  

There are no other funds available to match this request
  
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  

These funds will be used for the following items: Power-point Equipment, a trailer for the Sheriff's Office, and other equipment for law enforcement and Teen Court. Please see attached list..
  
- 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 or future funding impact.

2152476

**SANTA FE COUNTY**

**RESOLUTION 2002 - 70**

**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.

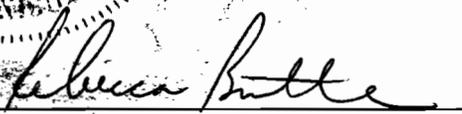
Approved, Adopted, and Passed This 11th Day of June, 2002.

**Santa Fe Board of County Commissioners**



Paul Duran, Chairperson

2152477

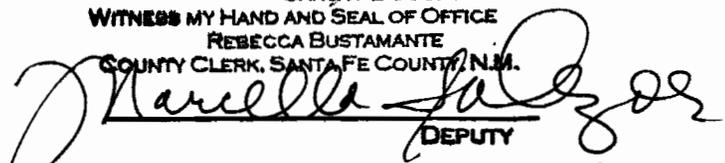


Rebecca Bustamante, County Clerk

Approved As To Form.

  
Santa Fe County Attorney

1211 710  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 21 DAY OF June A.D.  
20 02 AT 9:10 O'CLOCK a M.  
AND WAS DULY RECORDED IN BOOK 2152  
PAGE 473-478 OF THE RECORDS OF  
SANTA FE COUNTY

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

2152478

LDWI FY-2002	Current County Budget	Current DFA Budget	BAR Amount	Adjustments	Final BAR Amount
<b>Administrative</b>					
Personal Services	0		0		
Employee Benefits			0		
Travel (In-State)			0		
Contractual Services			0		
Operating Expenses			0		
<b>Total Administrative</b>	0		0		
<b>Program</b>					
Personal Services	306,947	319,713	12,766	(147)	12,619 (a)
Employee Benefits	111,085	109,198	(1,887)		(1,887)
Travel (In-State)	2,550	1,983	(567)		(567)
Supplies	14,000	29,494	15,494		15,494
Contractual Services	266,319	235,461	(30,858)	146	(30,712)
Operating Costs	35,000	36,122	1,122		1,122
Capital Outlay	2,059	19,059	17,000		17,000
Travel (Out-of-State)	3,069	0	(3,069)		(3,069)
Maintenance & Repair	1,475	3,475	2,000		2,000
<b>Total Program</b>	742,504	754,505	12,001		12,001
<b>Grand Total</b>	742,504	754,505	12,001	(1)	12,000

(a) I subtracted \$ 1 for the difference in the revenue and budgeted expenditures in the County system. \$ 742, 505 in budgeted revenue, and \$ 742, 504 in budgeted expenditures. I also subtracted \$ 146 for the dollars not available to reduce the Contractual Services Category. There is a requested budget reduction of \$ 30,858, but only \$ 30,712 available after the reductions of \$ 4,000 and \$ 3,432 that remain to be made in outstanding encumbrances.

You have projected outstanding balances in these categories that I am concerned about:

10: Salaries 12,658.13  
 20: Employee Benefits 3,490.12

*Move Liz Urrioste salary from DET screening fees to 101-0404.*

**David: You may have other balances, but you will need to watch your budget as time runs out.**