

SANTA FE COUNTY

RESOLUTION 2002 - 79

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 25, 2002, did request the following budget adjustment:

Department / Division: CHDD/LDWI

Fund Name: LDWI Distribution Project

Budget Adjustment Type: Budget Decrease

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

BUDGETED REVENUES: (use continuation sheet, if necessary)

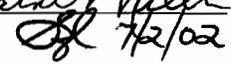
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0404	371	0400	State Grants / DWI		16,881
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						16,881

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	1026	TERM EMPLOYEES		7500
101	0404	464	3001	IN STATE MILEAGE AND FARES		458
101	0404	464	4006	EQUIPMENT		1865
101	0404	464	5003	CONTRACTUAL SERVICE		877
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						10700

Requesting Department Approval:  Title: Department Director Date: 7/1/02
 Robert A. Araya

Finance Department Approval:  Date: 6.28.02 Entered by: _____ Date: _____
 Katherine Miller

County Manager Approval:  Date: 7/2/02

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Fiscal Year 2002 (July 1, 2001 through June 30, 2002)

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
				SUB TOTAL BROUGHT FORWARD		10700
101	0404	464	7036	POSTAGE & MAIL SERVIE		881
101	0404	464	8003	EQUIPMENT AND MACHINERY		4000
101	0404	464	6001	INVENTORY EXEMPT		1300
TOTAL (if SUBTOTAL, check here)						16881

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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 is to decrease the total budget to match the final dollar amount from DFA.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
Total grant available was not known.

- 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.

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

Grant Name: Local DWI Distribution
Amount: \$737,623.00

Award Date: July 1, 2001
Grant Number: 02-D-J-G-27

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2164728

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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.
No other funding were 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.
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.

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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 25th Day of June, 2002.

Santa Fe Board of County Commissioners

[Signature]

Paul Duran, Chairperson



[Signature]

Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
Steven Kopelman, County Attorney



1214 383
COUNTY OF SANTA FE } ss
STATE OF NEW MEXICO }
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 10 DAY OF July A.D.
20 02 AT 2:13 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 12164
PAGE 725-729 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
[Signature]
DEPUTY