

**SANTA FE COUNTY**

**RESOLUTION 2003- 140**

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

Whereas, the Board of County Commissioners meeting in regular session on September 30, 2003 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 Decrease

Fiscal Year: 2004: (July 1, 2003 - June 30, 2004)

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	0423	372	90-02	Other/US Department of Health & Human Services		41,976
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>41,976</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	0423	464	10-26	Salary & Wages		8,918
101	0423	464	20-01	FICA Regular		600
101	0423	464	20-02	FICA Medicare		150
101	0423	464	20-03	Retirement Contributions		1,800
101	0423	464	20-06	Retirement Health Care		25
101	0423	464	20-08	Workers Compensation		4
101	0423	464	20-05	Health Care	800	
<b>TOTAL (if SUBTOTAL, check here X)</b>					<b>800</b>	<b>11,497</b>

Requesting Department Approval: Robert A. Anaya  
 Robert A. Anaya

Title: Director Date: 9/12/03

Finance Department Approval: Susan G. Luna Date: 9/24/03

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

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2676365

**SANTA FE COUNTY**

**RESOLUTION 2003- 140**

**BUDGET ADJUSTMENT CONTINUATION SHEET**

2676366

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	0423	464	30-01	In State Travel Mileage & Fares		100
101	0423	464	30-03	In-State Meals & Lodging		1,139
101	0423	464	30-02	Out-of-State Travel Mileage & Fares		488
101	0423	464	30-04	Out-of-State Meals & Lodging		1,747
101	0423	464	40-04	Vehicle Maintenance		100
101	0423	464	40-06	Equipment Maintenance		500
101	0423	464	50-01	Audit		4,000
101	0423	464	50-03	Professional Services Contracts		10,090
101	0423	464	50-90	Other Contractual Services		8,000
101	0423	464	60-07	Office Supplies		1,040
101	0423	464	60-08	Field Supplies		500
101	0423	464	70-03	Telephone		1,754
101	0423	464	80-03	Equipment & Machinery		1,821
						31,279

**SANTA FE COUNTY**  
**RESOLUTION 2003-140**

2676367

*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.

This request decreases the CHDD/CRAFT Project budget by \$41,976.00. 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 2004 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 decrease 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.

This is a Federal grant.

Grant Name: Santa Fe County CRAFT Project  
Award Date: 06/05/02

Grant Number: H79-TI12425-03  
Amount: \$477,297.00

**SANTA FE COUNTY**

**RESOLUTION 2003- 140**

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Robert A. Anava

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.

2676368

SANTA FE COUNTY

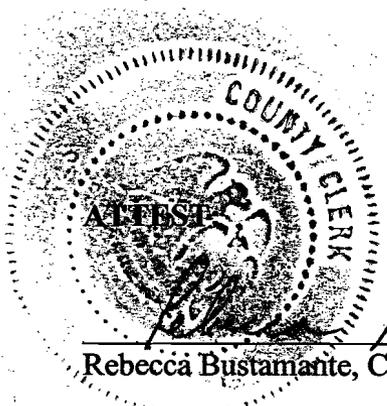
RESOLUTION 2003- 140

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 30th Day of September, 2003

Santa Fe Board of County Commissioners

Jack Sullivan  
Jack Sullivan, Chairman



Rebecca Bustamante  
Rebecca Bustamante, County Clerk



Approved as to Form & Legal Sufficiency.

By Jephia Collier  
for Santa Fe County Attorney's Office

1294.272  
COUNTY OF SANTA FE } 96  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 6 DAY OF OCT A.D.  
2003 AT 8:17 O'CLOCK am  
AND WAS DULY RECORDED IN BOOK 2676  
PAGE 365-369 OF THE RECORDS OF  
SANTA FE COUNTY

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

2676369