

RESOLUTION 2003- 156

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

Whereas, the Board of County Commissioners meeting in regular session on October 28, 2003 did request the following budget adjustment:

Departments/Divisions: Community & Health Development/ DWI Program

Fund Name: Teen Court

Budget Adjustment Type: Budget Increase

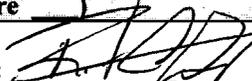
Fiscal Year: 2004: (July 1, 2003 - June 30, 2004)

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	0409	350	05-00	Fines and Forfeitures	2,000	
101	0409	385	01-00	Budget Cash	966	
TOTAL (if SUBTOTAL, check here)					2,966	

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	0409	464	50-03	Professional Services	2,200	
101	0409	464	50-90	Other Contractual Services	266	
101	0409	464	60-08	Field Supplies	500	
TOTAL (if SUBTOTAL, check here)					2,966	

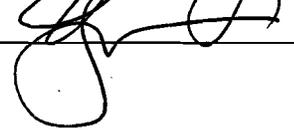
Requesting Department Approval: 

Title: Director Date: 10/16/03

Robert A. Anaya

Finance Department Approval:  Date: 10/28/03

Entered by: _____ Date: _____

County Manager Approval:  Date: 10-22-03

2694355

2694356

RESOLUTION 2003- 156

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
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

2694357

SPL. CLERK RECORDED 06/23/2003
SANTA FE COUNTY

Page 2 of 4

RESOLUTION 2003 - 156

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development/ DWI Program

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 increases the CHDD/DWI Program budget by \$2,966.00. The purpose of this request is to increase the Teen Court budget utilizing revenues from cash on hand and fees collected for anticipated expenditures needed to continue operating the program through FY-2004.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?

The amount of available revenues to budget was estimated at the time that the original budget was prepared, so we were unable to include it in our Operating Budget until now.

- 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 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 does impact a revenue source.

- 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 not a state or federal grant award.

SANTA FE COUNTY

RESOLUTION 2003- 156

2694358

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development/DWI Program

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.
No match required.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This 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 does not impact the FTEs.

SANTA FE COUNTY

RESOLUTION 2003- 156

2694359

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 October, 2003

Santa Fe Board of County Commissioners

Jack Sullivan

Jack Sullivan, Chairman

ATTEST:

Rebecca Bustamante

Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By *JJ* 10-22-03

Santa Fe County Attorney's Office



1298.282
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 29 DAY OF OCT A.D.
20 03 AT 8:17 O'CLOCK AM
AND WAS DULY RECORDED IN BOOK 2694
PAGE 355-359 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
Marcella

DEPUTY