

RESOLUTION 2004- 145

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

Whereas, the Board of County Commissioners meeting in regular session on November 9, 2004 did request the following budget adjustment:

Departments/Divisions: Health and Human Services/Care Connection

Fund Name: DWI Detoxification Grant

Budget Adjustment Type: Budget Adjustment

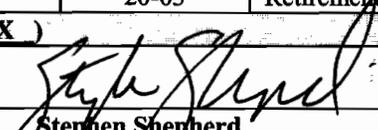
Fiscal Year: 2005: (July 1, 2004 - June 30, 2005)

BUDGETED REVENUES: (use continuation sheet, if necessary)

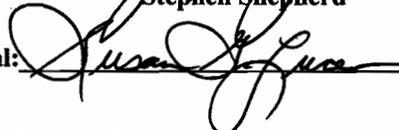
| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/ OBJECT XXXX | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |
| 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 |
|--|---------------------------------|------------------------------|----------------------------|-----------------------------------|--------------------|--------------------|
| 101 | 0422 | 464 | 80-01 | Capital – Building and Structures | | 41,249 |
| 101 | 0422 | 464 | 10-26 | Term Employees | 29,463 | |
| 101 | 0422 | 464 | 20-01 | FICA – Regular | 1,827 | |
| 101 | 0422 | 464 | 20-02 | FICA – Medicare | 427 | |
| 101 | 0422 | 464 | 20-03 | Retirement Contributions | 5,601 | |
| TOTAL (if SUBTOTAL, check here <u>X</u>) | | | | | 37,318 | 41,249 |

Requesting Department Approval: 
 Stephen Shepherd

Title: Director Date: 11/2/04

Finance Department Approval:  Date: 11-2-04

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Resolution requesting a budget transfer to establish a 1.0 FTE Network Administrator term position

SFC CLERK RECORDED 11/19/2004

SANTA FE COUNTY

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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 |
|------------------|---------------------------------|------------------------------|----------------------------|------------------------------|--------------------|--------------------|
| 101 | 0422 | 464 | 20-05 | Health Care | 3,630 | |
| 101 | 0422 | 464 | 20-06 | Retirement Health Care | 295 | |
| 101 | 0422 | 464 | 20-08 | Workers Compensation | 6 | |
| | | | | | 41,249 | 41,249 |

Resolution requesting a budget transfer to establish a 1.0 FTE Network Administrator term position

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services/Care Connection

Phone #: 992-9840

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 moves funds within the Care Connection Program/DWI Detoxification Grant budget. Funds are being moved from the Capital Purchases/Building and Structures category into the Term Employee and Benefits categories. The purpose of this request is to increase our budget to include a new FTE position for a Network Administrator that is necessary for the Care Connection Facility.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
The funds were budgeted in the FY-2005 budget for a different purpose than what now has been determined necessary to begin the operations of the Care Connection Facility. Originally this position was going to be included in the contract negotiations for the Care Connection Facility with the Contractor being the person responsible for hiring someone for this position.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This budget and the resulting expenditures are recurring. The DWI Detoxification Grant is awarded to the Health and Human Services Department annually each year, after all the appropriate paper work has been submitted beginning the 1st day in July.
- 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 a state grant award.

| | |
|--------------------------------------|---------------------------|
| Grant Name: DWI Detoxification Grant | Grant Number: 05-X-J-G-27 |
| Award Date: 7/1/04 Annual Grant | Amount: \$300,000.00 |

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DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services/Care Connection

Phone #: 992-9840

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.
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 impact the FTEs. This request is asking approval of one (1) FTE position for a Network Administrator for the Care Connection Facility to be funded through the DWI Detoxification Grant that is awarded to the SF County annually through the Department of Finance and Administration/ State of New Mexico.

Resolution requesting a budget transfer to establish a 1.0 FTE Network Administrator term position

SANTA FE COUNTY

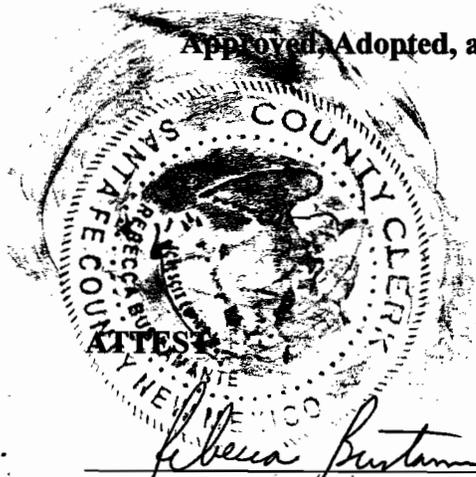
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 9th Day of November 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Stephen Ross, County Attorney



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5

I hereby Certify That This Instrument Was Filed For
Record On The 19TH Day Of November, A D . 2004 at 10:19
And Was Duly Recorded as Instrument # **1656565**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy Rebecca Bustamante
County Clerk, Santa Fe NM