

SANTA FE COUNTY

RESOLUTION 2005- 119

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2005 did request the following budget adjustment:

Departments/Divisions: Health and Human Services/DWI Program Fund Name: General Fund

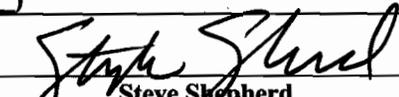
Budget Adjustment Type: Budget Increase and Decrease Fiscal Year: 2006: (July 1, 2005 - June 30, 2006)

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
241	0405	371	04-00	DWI/State Grants		4,000
241	0457	371	04-00	DWI/State Grants	5,443	
TOTAL (if SUBTOTAL, check here)					5,443	4,000

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
241	0405	464	50-03	Contractual Services/Professional Services		4,000
241	0457	464	60-07	Supplies/Office Supplies	5,443	
TOTAL (if SUBTOTAL, check here)					5,443	4,000

Requesting Department Approval: 
Steve Shepherd

Title: Director Date: 8/5/05

Finance Department Approval:  Date: 8-19-05

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SFC CLERK RECORDED 08/31/2005

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services / DWI Program

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 decreases the Community DWI budget in the amount of \$4,000.00 in contract services that was transferred automatically to the NM State Police Department for DWI law enforcement efforts as requested in the grant application. Also, a request to increase the Ignition Interlock Pilot program by \$5,443.00 in supplies that is a carry-over from FY-2005 budget that was unspent, and will be exhausted in FY-2006.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

This was included in the operating budget for FY-2006, but for a different amounts then what has now been determined to be the correct amounts that we have to spend for the current fiscal 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 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 State 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 State grant.

Grant Name : Community DWI Grant/Ignition Interlock Pilot Grant Grant Number : 06-CD-05-091/05-RF-01-P09
Award Date : 07/01/04 Annual Grant/March 29, 2005 Amount : \$70,358.00/\$20,000.00

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DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services/DWI Program

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.
The HHSD/DWI Program was awarded the grant so they will be providing the necessary match.
- 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 does not impact the FTEs.

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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 30th Day of August, 2005

Santa Fe Board of County Commissioners

Michael Anaya
Michael Anaya, Chairman



ATTEST:
Valerie Espinoza
Valerie Espinoza, County Clerk

Approved as to Form & Legal Sufficiency. *John B. Toast*

By *John B. Toast*
Santa Fe County Attorney's Office

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of August, A.D., 2005 at 11:01
And Was Duly Recorded as Instrument # 1396083
Of The Records Of Santa Fe County
Marcella
Deputy Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

SFC CLERK RECORDED 08/31/2005