

SANTA FE COUNTY

RESOLUTION 2005- 35

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

Whereas, the Board of County Commissioners meeting in regular session on March 29, 2005 did request the following budget adjustment:

Departments/Divisions: Health and Human Services/DWI Program

Fund Name: Traffic Safety Bureau/Ignition Interlock

Budget Adjustment Type: Budget Increase

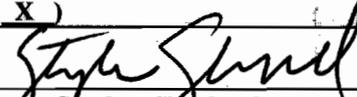
Fiscal Year: 2005: (July 1, 2004 - June 30, 2005)

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
101	0457	371	04-00	DWI/State Grant	20,000	
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	0457	464	10-24	Temporary Employees	6,100	
101	0457	464	20-01	FICA - Regular	379	
101	0457	464	20-02	FICA - Medicare	89	
101	0457	464	20-03	Retirement Contributions	1,160	
TOTAL (if SUBTOTAL, check here <u>X</u>)					7,728	

Requesting Department Approval: 
 Stephen Shepherd

Title: Director Date: 3/18/05

Finance Department Approval:  Date: 3-22-05

Entered by: _____ Date: _____

County Manager Approval:  Date: 3-29-05

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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	0457	464	20-05	Health Care	2,205	
101	0457	464	20-06	Retirement Health Care	61	
101	0457	464	20-08	Workers Compensation	6	
101	0457	464	60-01	Inventory Exempt	5,000	
101	0457	464	60-07	Office Supplies	5,000	
					20,000	

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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 increases the HHSD/DWI Program budget by \$20,000.00. The purpose of this request is to increase our budget to include funding awarded to the DWI Program by the Traffic Safety Bureau to facilitate an Ignition Interlock Pilot Program.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

This was not included in the Fiscal Year 2005 Operating Budget because the funding had not yet been awarded to facilitate this pilot program.

- 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 non-recurring. This is just a pilot program and the Traffic Safety Bureau has not guaranteed funding in the future.

- 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: Ignition Interlock Pilot Program	Grant Number: 05-AL-03-008
Award Date:	Amount: \$20,000.00

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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.):

- 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 to pay for one (1) part-time temporary FTE position. The position that we are requesting approval for funding is for a Clerk to assist in facilitating the Ignition Interlock Pilot program.

