

SANTA FE COUNTY

RESOLUTION 2006 - 10

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

Whereas, the Board of County Commissioners meeting in regular session on January 31, 2006, did request the following budget adjustment:

Department / Division: HHS / DWI Program / Teen Court Fund Name: Alcohol Programs Fund and State Special Appropriations

Budget Adjustment Type: Budget Transfer Between Funds 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	0472	371	90-00	State Special Appropriations		33,500
241	0472	390	03-00	Operating Transfer In	33,250	
318	0472	371	90-00	State Special Appropriations	33,250	
TOTAL (if SUBTOTAL, check here)					66,500	33,500

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	0472	464	10-26	Salary & Wages / Term Employees	1,760	
241	0472	464	20-01	Employee Benefits / FICA - Regular	110	
241	0472	464	20-02	Employee Benefits / FICA - Medicare	26	
241	0472	464	20-03	Employee Benefits / Retirement Contributions	338	
TOTAL (if SUBTOTAL, check here <u>X</u>)					2,234	

Requesting Department Approval: [Signature] Title: Dept. Director Date: 01/11/06
 Finance Department Approval: [Signature] Date: 1-24-06 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 1-31-06

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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
241	0472	464	20-05	Employee Benefits / Healthcare		575
241	0472	464	20-06	Employee Benefits / Retiree Healthcare	80	
241	0472	464	20-08	Employee Benefits / Workers Comp.	4	
241	0472	464	50-03	Contractual Services / Professional Services		3,244
241	0472	464	50-90	Contractual Services / Other Contractual Services	1,251	
318	0472	490	01-00	Operating Transfer Out	33,250	
TOTAL (if SUBTOTAL, check here)					36,819	3,819

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd Dept/Div: HHSD/DWI Program Phone No.: 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 is to increase the State Special Appropriations Fund (318) for a Legislative Appropriation awarded to the DWI Program /Teen Court with an operating transfer to the Alcohol Programs Fund (241) to correct Resolution 2005-188.
- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
This request was included and approved in the Fiscal Year 2006 operating budget. Originally, the budget was set-up to be received to the Alcohol Programs Fund (241) but should be received to the State Special Appropriations Fund (318) along with the correct award amount.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring.
- 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:
 - a) If this is a state special appropriation, cite statute and attach a copy.
Senate Bill 629 GF LGD 05-28 347-13/SSB (15) Amount: \$33,250
 - 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd Dept/Div: HHSD/DWI Program Phone No.: 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 a 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 Special Appropriation so they will provide the match if necessary.
- 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 request includes a portion of the salaries and benefits for one (1) FTE, which is the Teen Court Program Coordinator.

SANTA FE COUNTY

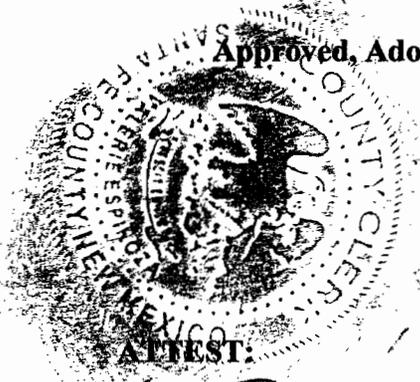
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 31st Day of January, 2006.

Santa Fe Board of County Commissioners

[Signature]
Michael Anaya, Chairperson



ATTEST:
[Signature]
Valerie Espinoza, County Clerk



Approved As To Form.

By *[Signature]*
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 7TH Day Of February, A D., 2006 at 09.50
And Was Duly Recorded as Instrument # 1419234
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
[Signature] Valerie Espinoza
Deputy County Clerk, Santa Fe, NM