

RESOLUTION 2011 - 139

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

Whereas, the Board of County Commissioners meeting in regular session on September 27, 2011, did request the following budget adjustment:

Department / Division: ASD/Finance for CSD/DWI & Sheriff's Office Fund Name: DWI Fund & Sheriff's Operating Fund

Budget Adjustment Type: Increase Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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 | 0404 | 371 | 0400 | State Grants- DWI Prevention | \$4,801 | |
| 241 | 0406 | 385 | 0800 | Budgeted Cash / Fees | \$7,959 | |
| 241 | 0409 | 350 | 0500 | Fees / Teen Court | | \$705 |
| 246 | 1201 | 390 | 0241 | Operating Transfer In | \$4,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$16,760 | \$705 |

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 | 0404 | 490 | 0246 | Operating Transfer Out | \$4,000 | |
| 241 | 0404 | 464 | 2005 | DWI-Local / Health Care | \$8,307 | |
| 241 | 0472 | 464 | 2005 | Teen Court-Special Approp /Health Care | | \$252 |
| 246 | 1201 | 424 | 1025 | Sheriff's Office/Overtime | \$4,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$16,307 | \$252 |

Requesting Department Approval: Carole Jaramillo Title: Budget Administrator Date: 9/27/11

Finance Department Approval: *Juneal Martinez* Date: 9/16/11 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div. ASD/Finance Phone No.: 986-6321

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

This Resolution will adjust the budgets of cost centers within the DWI Fund and will increase the fund to adjust grant revenue to reflect the actual amount that has been received. The budgeted cash represents fees earned in previously fiscal years but not spent and the cash must be carried forward to budget in this fiscal year for the DWI – Screening program. This resolution will also increase the Sheriff's law enforcement fund to account for an increase in the transfers from the DWI fund to the Sheriff's Office which was shorted in the FY 2012 Final budget.

- 1) Please summarize the request and its purpose.

a) Employee Actions

| Line Item | Action (Add/Delete Position, Reclass, Overtime) | Position Type (permanent, term) | Position Title |
|-----------|---|---------------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

| Line Item | Detail (what specific things, contracts, or services are being added or deleted) | Amount |
|-----------|--|--------|
| | | |
| | | |
| | | |
| | | |

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense _____ (see below explanation)

Grant budgets such as the DWI budget are technically non-recurring because they are not multi-year grants, however, the grants are allotted each year by the State thus we tend to view them as recurring.

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DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div. ASD/Finance Phone No.: 986-6321

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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, YES _____ NO x
If YES, cite statute and attach a copy.

This impacts the DWI – Local Prevention Grant, Budgeted Cash and Fees
 - b) Does this include state or federal funds? YES x NO _____
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO x
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

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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 27th Day of September, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil
Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



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 28TH Day Of September, 2011 at 03:43:00 PM
And Was Duly Recorded as Instrument # **1646496**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy Marcellon [Signature] County Clerk, Santa Fe, NM