

SANTA FE COUNTY

RESOLUTION 2013 - 16

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

Whereas, the Board of County Commissioners meeting in regular session on 2/26/13, did request the following budget adjustment:

Department / Division: Community Services/Health and Human Services Fund Name: DWI Program/Community DWI Grant

Budget Adjustment Type: Budget Decrease Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	0400	Community DWI Grant		16,816
TOTAL (if SUBTOTAL, check here)						16,816

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	8099	Capital - Inventory Exempt		16,816
TOTAL (if SUBTOTAL, check here)						16,816

Requesting Department Approval: [Signature] Title: Division Director Date: 2/8/13
 Finance Department Approval: [Signature] Date: 2/15/13 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Joyce Varela Dept/Div: Community Services/Health and Human Services /DWI Program Phone No.: 992-9843

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 decrease the DWI Program budget to align it correctly with the amount that was awarded through the Traffic Safety Bureau Community DWI funds for Fiscal Year 2013. The original budget was an estimate of the grant award and now has to be adjusted to reflect the correct amount.

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
8009	These funds were originally budget to purchase equipment for law enforcement agencies, but the budget has to be decreased so less equipment will be purchases then what was originally planned.	-16,816

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

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DEPARTMENT CONTACT:

Name: Joyce Varela Dept/Div: Community Services/Health and Human Services/DWI Program Phone No.: 992-9843

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.
 - b) Does this include state or federal funds? YES X NO X
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.

Name: Community DWI Grant Funds Amount: \$46,524.00
Grant No. 13-CD-05-091 Start Date: August 9, 2012
 - c) Is this request 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.

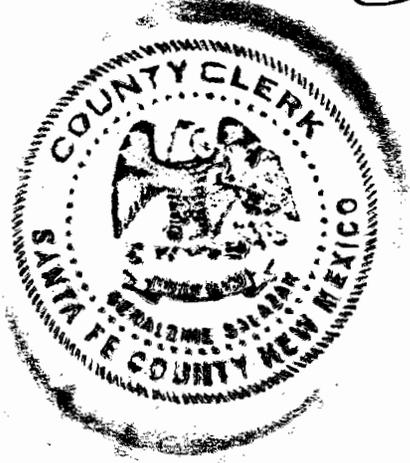
Approved, Adopted, and Passed This 26th Day of February, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk 2/26/13



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of February, 2013 at 10:58:39 AM And Was Duly Recorded as Instrument # 1697683 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy Marcella Salazar County Clerk, Santa Fe, NM