

SANTA FE COUNTY

RESOLUTION 2013 - 18

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/Local DWI Grant

Budget Adjustment Type: Budget Increase 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	0476	371	0400	Local DWI Grant	136,390	
TOTAL (if SUBTOTAL, check here)					136,390	

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	0476	464	5003	Contractual - Professional Services	111,390	
241	0476	464	7037	Operating Expenses - Printing/Publishing/Ads	20,000	
241	0476	464	8099	Capital - Inventory Exempt	5,000	
TOTAL (if SUBTOTAL, check here)					136,390	

Requesting Department Approval: *Rachel Olson* Title: Division Director Date: 2/8/13

Finance Department Approval: *Susan Martinez* Date: 2/14/13 Entered by: _____ Date: _____

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

SANTA FE COUNTY

Page 2 of 4RESOLUTION 2013 - 18

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 increase the DWI Program budget to include the additional grant funds that were awarded through the Department of Finance and Administration (DFA)/Local Government to be utilized for alcohol related programs.

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
5003	These funds will be used for contract services to provide a strategic plan for the DWI Program, to implement a Screening and Brief Intervention Referral Treatment (SBIRT) program, Prevention activities within the Santa Fe County such as the Caddy Program, which will be completed throughout the remainder of the fiscal year.	111,390

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

SANTA FE COUNTY
RESOLUTION 2013 - 18

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.):

- 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: DWI Grant Funds Amount: \$136,390.00
Grant No. 13-D-J-G-27 Start Date: September 28, 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.

SANTA FE COUNTY

RESOLUTION 2013 - 18

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 Nolan, Chairperson

ATTEST:

Geraldine Salazar, County Clerk 2/26/2013



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 27TH Day Of February, 2013 at 03:11:28 PM And Was Duly Recorded as Instrument # 1697781 Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office Geraldine Salazar Deputy County Clerk, Santa Fe, NM