

SANTA FE COUNTY

RESOLUTION 2014 - 30

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 11, 2014, did request the following budget adjustment:

Department / Division: Community Services/HHSD Fund Name: DWI Program

Budget Adjustment Type: Increase Budget Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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	State Grants / DWI-Prevention	147,225	
TOTAL (if SUBTOTAL, check here)					147,225	

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	Professional Services / Contractual	147,225	
TOTAL (if SUBTOTAL, check here)					147,225	

Requesting Department Approval: [Signature] Title: Department Director Date: 2/24/14

Finance Department Approval: [Signature] Date: 2/26/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 3.11.14 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Joyce Varela Dept/Div: Community Services/HHSD 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.
The DWI Program is requesting an increase to the budget to include a DWI Reversion Grant that was awarded to the program through the Department of Finance and Administration (DFA). This grant will be utilized to expand services and promote public awareness in regards to DWI within SF County.

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	Contract services to develop and promote two different DWI public awareness campaigns.	96,200
5003	Contract services for DWI law enforcement efforts within SF County.	20,225
5003	Contract services to implement a urinalysis testing program for DWI offenders convicted of a first and second offense.	28,800
5003	Contract services to provide partial funding for a specialized court room training for law enforcement and district attorneys.	2,000

- 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/HHSD 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 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 an award letter and proposed budget.

Grant Name: DWI Grant Agreement	Grant No. 14-D-J-G-27
Grant Amount: \$147,225.00	Date Awarded: February 11, 2014

 - 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.

