

SANTA FE COUNTY

RESOLUTION 2000- 63

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

Whereas, the Board of County Commissioners meeting in regular session on May 30, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development/DWI Program Fund Name: DWI Local Grant Program

Budget Adjustment Type: Budget Increase Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

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
101	1504	371	04-00	DWState Grants	25,000	
TOTAL (if SUBTOTAL, check here )					25,000	

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
101	1504	464	60-08	Field Supplies	5,000	
101	1504	464	80-03	Equipment and Machinery	20,000	
TOTAL (If Sub-Total, check here )					25,000	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 05/24/00

Finance Department Approval: [Signature] Date: 5/25/00

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 5-30-00

1771297

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

1771298 Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/DWI Program

Phone #: 992-3060

1771298 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 budgets additional revenue estimated to be received prior to the end of the fiscal year for the DWI Local Grant Program. Revenues are received from the NM Department of Finance and Administration in the same year they are generated at the state level. This fact, and the fact that the funds revert at the end of the fiscal year, makes budgeting estimated revenues prior to the end of the fiscal year necessary. The purpose of this request is to spend anticipated revenues on necessary expenditures prior to reversion of the funds at the end of the fiscal year.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

A request for \$ 688,525 (\$ 584,274 Initial Budgeted Expenditures + \$ 26,251 Budget Adjustments + \$ 77,700 Transfer Out) was included in the Fiscal Year 2000 Operating Budget; however, the final revenue projection for the fiscal year is \$ 713,225. The additional \$ 25,000 in revenues must be budgeted prior to reversion of these funds to the state at the end of the fiscal year.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This budget increase and the resulting expenditures are non-recurring. There are no future funding impacts.

- 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.

This request is not a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This is a state grant.

Program Name : DWI Local Grant Program  
 Amount of Award : FY-2000 \$ 713,225 (Estimate)

Award Date : Annual Grant Awarded in July of Fiscal Year  
 Program Number : ~~No Program Number~~

**SANTA FE COUNTY**  
**RESOLUTION 2000 - 63**

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/DWI Program

Phone #: 992-3060

1771299

**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 the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other available funds that can be used to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This request includes the following Capital Purchases:
  - 4 Video Cameras for Police Cars : Will be used to film DWI stops
  - 1 RBT Mobile Alcohol Breath Tester : Will be used to test suspects in the field
- 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 has no FTE impact.

SANTA FE COUNTY

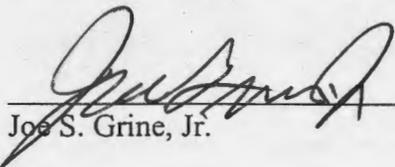
RESOLUTION 2000 - 63

1771300

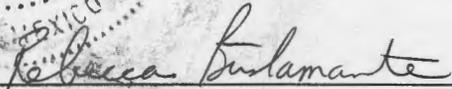
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of May, 2000.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Joe S. Grine, Jr.

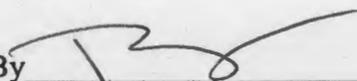


  
\_\_\_\_\_  
Rebecca Bustamante, County Clerk



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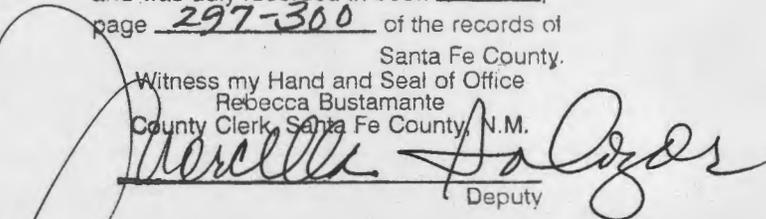
Approved As To Form.

By   
\_\_\_\_\_  
Santa Fe County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) SS.

I hereby certify that this instrument was filed for record on the 31 day of May, A.D. 20 00, at 1:09 o'clock P.m. and was duly recorded in book 1771, page 297-300 of the records of

Santa Fe County.  
Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.

  
\_\_\_\_\_  
Deputy