

1958642

SANTA FE COUNTY

RESOLUTION 2001 - 119Page 1 of 5

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

Whereas, the Board of County Commissioners meeting in special session on August ^{15th} ~~16~~, 2001, did request the following budget adjustment:Department / Division: CHEDD / DWI and Finance Fund Name: General FundBudget Adjustment Type: Budget Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

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	0000	311	0201	Gross Receipts Tax	60,590	
101	0301	390	0100	Operating Transfer In	20,248	
101	0402	390	0100	Operating Transfer In	18,600	
101	0406	390	0100	Operating Transfer In	18,474	
TOTAL (if SUBTOTAL, check here)					117,912	

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	0404	490	0100	Operating Transfer Out	57,322	
101	0301	412	1090	Salary & Wages / Other Wages	20,248	
101	0402	412	1090	Salary & Wages / Other Wages	18,600	
101	0404	464	3002	Travel / Out of State Mileage & Fares	14	
101	0404	464	6090	Supplies / Other Supplies	3,254	
TOTAL (if SUBTOTAL, check here <u>X</u>)					99,438	

Requesting Department Approval: [Signature] Title: _____ Date: _____Finance Department Approval: Katherine Miller Date: 8-9-01 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: _____

1958643

SANTA FE COUNTY

RESOLUTION 2001 - 119Page 2 of 5

BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here _____)						

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	0406	464	1026	Salary & Wages / Term Employees	13,580	
101	0406	464	2001	Employee Benefits / FICA - Regular	843	
101	0406	464	2002	Employee Benefits / FICA - Medicare	197	
101	0406	464	2003	Employee Benefits / Retirement Contributions	2,596	
101	0406	464	2005	Employee Benefits / Healthcare	1,122	
101	0406	464	2006	Employee Benefits / Retiree Healthcare	136	
TOTAL (if SUBTOTAL, check here _____)					117,912	

1958644

SANTA FE COUNTY
RESOLUTION 2001 - 119

Page 3 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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.
As a result of required fiscal year end accounting transactions, it is necessary to request budget adjustments reflective of the same.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
This request was included in the Fiscal Year 2001 Operating Budget. This adjustment is necessary in order to realign the original appropriation with the grantor's final grant award and expenditure appropriation.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring. The amount of any future transfer is contingent upon renewed funding annually.

- 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 is not a state special appropriation.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
NM Local DWI Grant No. 00-D-J-G-27; Award Date: 7/1/00; Amount: \$770,638

1958645

SANTA FE COUNTY
RESOLUTION 2001 - 119

Page 4 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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 a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources 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 does not impact the Capital Purchases category.
- 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 does not increase or decrease FTEs budgeted for these departments.

1958646

SANTA FE COUNTY
RESOLUTION 2001 - 119

Page 5 of 5

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 ^{15th} 16th Day of August, 2001.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Steven Kopelman
Steven Kopelman, County Attorney

1168787
COUNTY OF SANTA FE
STATE OF NEW MEXICO } SS
I hereby certify that this instrument was filed
for record on the 16 day of Aug A.D.
20 01 at 2:27 o'clock p.m.
and was duly recorded in book 1958
page 1042-1046 of the records of

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

Marcella Salazar
Deputy

