

**SANTA FE COUNTY**  
**RESOLUTION 2001- 129**

1964458

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

Whereas, the Board of County Commissioners meeting in regular session on August 28, 2001, did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development/ DWI Program Fund Name: Media Literacy

Budget Adjustment Type: Budget Increase

Fiscal Year: 2002: (July 1, 2001 - June 30, 2002)

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	0414	371	04-00	DWI/State Grants	6,167	
TOTAL (if SUBTOTAL, check here )					6,167	

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	0414	466	10-26	Term Employees	4,600	
101	0414	466	20-01	FICA/Employer	285	
101	0414	466	20-02	FICA/Medicare	67	
101	0414	466	20-03	PERA/Employer	874	
TOTAL (if SUBTOTAL, check here <u>X</u> )					5,826	

Requesting Department Approval: [Signature]

Robert A. Anaya

Title: Director Date: 8/16/01

Finance Department Approval: [Signature] Date: 8/21/01

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

County Manager Approval: [Signature] Date: \_\_\_\_\_

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Page x of 4**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	0414	466	20-05	Group Insurance	295	
101	0414	466	20-06	Retiree Health	46	
					6,167	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 992-3060

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 increases the CHEDD/DWI Program budget by \$6,167.00. The purpose of this request is to increase the budget to include a Media Literacy Grant that was awarded to the CHEDD/DWI Program through the State of New Mexico /State Highway and Transportation Department (Traffic Safety Bureau) for FY-2001/FY-2002.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

The grant was awarded in Fiscal Year 2001 with an expiration date of September 2001, and we spent a partial amount of the funding in that fiscal year. There are three months of that grant period that occur within Fiscal Year 2002, and there is a balance remaining in the funds that has to be budgeted to spend by the expiration date.

- 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:

This request includes State funding.

- 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.

This is a State grant.

Grant Name : Media Literacy  
Award Date : 04/30/01

Grant Number : 01-SA-163-091  
Amount : \$65,000

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

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

**Phone #:** 992-3060

**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.  
Match is in-kind only.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This 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 have an FTE impact.  
Partial funding of approximately 15% of salaries and benefits for an existing Term FTE, Frank Magourilos, Prevention Specialist, is included in 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 28th Day of August, 2001



Santa Fe Board of County Commissioners

Paul Duran, Chairman

Rebecca Bustamante, County Clerk



Approved as to Form & Legal Sufficiency.

By   
Santa Fe County Attorney's Office

COUNTY OF SANTA FE  
STATE OF NEW MEXICO 1170 } SS 316  
I hereby certify that this instrument was filed  
for record on the 28 day of Aug A.D.  
20 01 at 2:16 o'clock P.M.  
and was duly recorded in book 1964  
page 458-462 of the records of  
Santa Fe County  
Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.  
  
Deputy