

SANTA FE COUNTY
RESOLUTION 2001- 147

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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 September 25, 2001 did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development/ CRAFT Project Fund Name: Community Reinforcement & Family Training

Budget Adjustment Type: Budget Decrease

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	0411	372	09-02	Other/US Department of Health & Human Services		14,843
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	0411	464	50-03	Professional Services		14,843
TOTAL (if SUBTOTAL, check here _____)						14,843

Requesting Department Approval: _____
Robert A. Anaya

Title: Director Date: 9/17/01

Finance Department Approval: _____ Date: 9-19-01

Entered by: _____ Date: _____

County Manager Approval: _____ Date: 9-25-01

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Page x of 4**BUDGET ADJUSTMENT CONTINUATION SHEET**

BUDGETED REVENUES: (use continuation sheet, if necessary)

1982196	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

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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 decreases the CHEDD/CRAFT Project budget by \$14,843.00. The purpose of this request is to decrease the budget to arrive at the correct budget amount for the carry over of funds to FY-2002 for the first year of the CRAFT grant that was awarded by the Federal Government.

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

This was included in the FY-2002 Operating Budget as an estimate that was prepared before FY-2001 had ended. Know that we know the amount that was spent in FY-2001 we can now arrive at the correct amount for the carry over budget for FY-2002.

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

This budget decrease is 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 Federal 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 Federal grant.

Grant Name : Santa Fe County CRAFT Project
Award Date : September 22, 2000

Grant Number : 1-H79-T11245-01
Amount : \$467,297

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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 not have an FTE impact.

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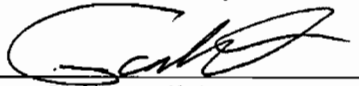
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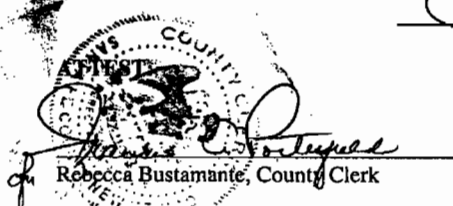
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.


Approved, Adopted, and Passed This 25th Day of September, 2001

Santa Fe Board of County Commissioners


Paul Duran, Chairman

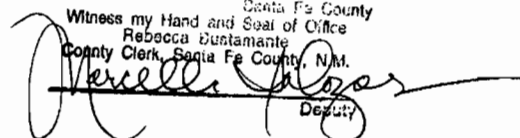
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Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By 
Santa Fe County Attorney's Office



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COUNTY OF SANTA FE
STATE OF NEW MEXICO } SS
I hereby certify that this instrument was filed
for record on the 28 day of Sept A.D.
20 01 at 8:41 o'clock AM
and was duly recorded in Book 1982
page 195-199 of the records of
Santa Fe County

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

Deputy