

SANTA FE COUNTY
RESOLUTION 2001- 165

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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 October 30, 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 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	0416	372	09-02	Other/US Department of Health & Human Services	31,811	
TOTAL (if SUBTOTAL, check here)					31,811	

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	0416	464	50-03	Professional Services	6,211	
101	0416	464	80-09	Vehicle/Heavy Equipment	25,600	
TOTAL (if SUBTOTAL, check here)					31,811	

Requesting Department Approval: [Signature]
Robert A. Anaya

Title: Director Date: 10/19/01

Finance Department Approval: [Signature] Date: 10/24/01

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10-30-01

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/ CRAFT Project

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/CRAFT Project budget by \$31,811.00. The purpose of this request is to increase the budget according to the correct amount that was awarded for FY-2002 through 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. We have now received the award letter indicating the total amount awarded for FY-2002 and we are increasing the budget to arrive at the correct amount to be spent for FY-2002.

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

This budget increase 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 : June 25, 2001

Grant Number : 1-H79-TI12425-02
Amount : \$477,297

2001603

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/CRAFT Project

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 request does impact the capital purchases category. A vehicle will be purchasing to be used for attending meetings, seminars, doing errands etc. in relation completing job duties.

- 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.

SANTA FE COUNTY

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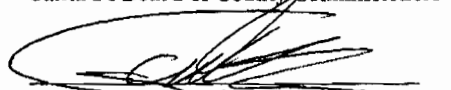
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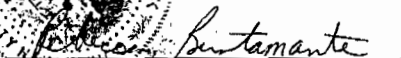
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of October 2001


Santa Fe Board of County Commissioners


Paul Duran, Chairman



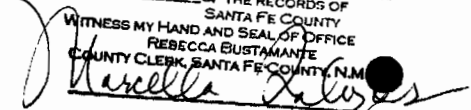

Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By 
Santa Fe County Attorney's Office



1178 822
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF OCT A.D.
20 01 AT 1:42 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2001
PAGE 1002-1007 OF THE RECORDS OF

WITNESS MY HAND AND SEAL OF OFFICE
SANTA FE COUNTY
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY

1. DATE ISSUED (Mo./Day/Yr.) 06/25/2001		2. CFDA NO. 93.230	
3. SUPERSEDES AWARD NOTICE dated / / except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4. GRANT NO. 5 H79 TI12425-02		5. ADMINISTRATIVE CODES TI-H79 / TCE	
6. BUDGET PERIOD Mo./Day/Yr. From 09/30/2000 Through 09/29/2003		7. BUDGET PERIOD Mo./Day/Yr. From 09/30/2001 Through 09/29/2002	
8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces) Santa Fe County Craft			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
2001606

NOTICE OF GRANT AWARD
AUTHORIZATION (Legislation/Regulation)
Section 501 (D) (5), PHS Act
As Amended (42 USC 290AA)
Funded by CSAT

**COPY FOR YOUR
INFORMATION**

9. GRANTEE NAME AND ADDRESS a. Santa Fe County b. c. PO Box 276 d. Santa Fe NM 87504-0276		10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) (LAST NAME FIRST AND ADDRESS) Dutcher, Linda Santa Fe County 1925 Aspen Dr. Ste 502-B Santa Fe, NM 87504	
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11. APPROVED BUDGET (Excludes PHS Direct Assistance)		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE	
I. PHS Grant Funds Only		a. Amount of PHS Financial Assistance (from item 11a) \$ 477,297	
II. Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box.) I		b. Less Unobligated Balance From Prior Budget Periods \$ 0	
a. Salaries and Wages \$ 65,214		c. Less Cumulative Prior Award(s) This Budget Period \$ 0	
b. Fringe Benefits \$ 22,030		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 477,297	
c. Total Personnel Costs \$ 87,244		13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)	
d. Consultant Costs 0		YEAR TOTAL COSTS (DIRECT AND INDIRECT) YEAR TOTAL COSTS (DIRECT AND INDIRECT)	
e. Equipment 0		a. 03 467,297	
f. Supplies 2,810		b. N/A	
g. Patient Care - Inpatient 0		c.	
h. Outpatient 0		14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)	
i. Alterations and Renovations 0		a. Amount of PHS Direct Assistance \$	
j. Other 25,229		b. Less Unobligated Balance From Prior Budget Periods \$	
k. Consortium/Contractual Costs 326,685		c. Less Cumulative Prior Award(s) This Budget Period \$	
l. Trainee Related Expenses 0		d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ N/A	
m. Trainee Stipends 0		15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)	
n. Trainee Tuition and Fees 0		a. DEDUCTION	
o. Trainee Travel 0		b. ADDITIONAL COSTS	
p. TOTAL DIRECT COSTS \$ 451,676		c. MATCHING	
q. INDIRECT COSTS (Rate 7.00 % of BUDGET) \$ 25,621		d. OTHER RESEARCH (Add/Deduct Option) B	
r. TOTAL APPROVED BUDGET \$ 477,297		e. OTHER (See REMARKS)	
s. SBR Fee \$		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
t. Federal Share \$ 477,297		a. The grant program legislation cited above. b. The grant program regulation cited above.	
u. Non-Federal Share 0		c. The award notice including terms and conditions, if any, noted below under REMARKS.	
		d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.	
		e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS: (Other Terms and Conditions Attached - ☒ Yes ☐ No)

Recommended future year support (Line 13) reflects Total Cost (Direct + Indirect).
See Attached.

GMS: Sample, Kathleen (301) 443-9667 PO: Burns, Maria (301) 443-7611

PHS GRANTS MANAGEMENT OFFICER (Signature) *Stephen J Hudak* (Name-Typed/Printed) Hudak, Stephen J (Title) Grants Management Officer, SAMHSA OPS

17. ORIGIN 41.45		18. CRS - EIM 1856000073A1		19. LIST NO.	
FYOM 2001C96T032		DOCUMENT NO. H9TI12425A		ADMINISTRATIVE CODE	
				AMT ACTION FWR. ASST. 477,297	
				AMT. ACTION DRL. ASST.	

PREPARED 10/19/01, 13:00:30
PROGRAM GM601L

YEAR-TO-DATE BUDGET STATUS REPORT AS OF 10/19/01
FOR FISCAL YEAR 2002

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ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ORIGINAL BUDGET	BAR'S	ADJUSTED BUDGET	EXPENDED	ENCUMB. BALANCES	AVAIL. BUDGET BALANCE	% REM.
CRAFT GRANT FY 02								
101-0416-464.10-26	TERM EMPLOYEES	48910	0	48,910	996	0	47,914	98
*	SALARY & WAGES	48910	0	48,910	996	0	47,914	98
101-0416-464.20-01	FICA - REGULAR	3033	0	3,033	60	0	2,973	98
101-0416-464.20-02	FICA - MEDICARE	710	0	710	14	0	696	98
101-0416-464.20-03	RETIREMENT CONTRIBUTIONS	9298	0	9,298	189	0	9,109	98
101-0416-464.20-05	HEALTH CARE	2980	0	2,980	40	0	2,940	99
101-0416-464.20-06	RETIREMENT HEALTH CARE	490	0	490	10	0	480	98
101-0416-464.20-08	WORKERS COMP (ASSESSMENT)	12	0	12	0	0	12	100
*	EMPLOYEE BENEFITS	16523	0	16,523	313	0	16,210	98
101-0416-464.30-01	IN-STATE MILEAGE & FARES	75	0	75	0	0	75	100
101-0416-464.30-02	OUT STATE MILEAGE & FARES	5140	2000-	3,140	0	0	3,140	100
101-0416-464.30-03	IN STATE MEALS & LODGING	253	0	253	0	0	253	100
101-0416-464.30-04	OUT STATE MEALS & LODGING	4240	1000-	3,240	0	0	3,240	100
101-0416-464.30-05	GAS & OIL	250	0	250	13	0	237	95
*	TRAVEL	9958	3000-	6,958	13	0	6,945	100
101-0416-464.40-04	VEHICLE	246	0	246	0	5	241	98
*	MAINTENANCE	246	0	246	0	5	241	98
101-0416-464.50-01	AUDIT CONTRACT	4000	0	4,000	0	0	4,000	100
101-0416-464.50-03	PROFESSIONAL SERVICES	337685	7000	344,685	0	341,685	3,000	1
*	CONTRACTUAL SERVICES	341685	7000	348,685	0	341,685	7,000	2
101-0416-464.60-01	INVENTORY EXEMPT	100	0	100	0	0	100	100
101-0416-464.60-07	OFFICE SUPPLIES	900	0	900	0	0	900	100
101-0416-464.60-08	FIELD SUPPLIES	1245	0	1,245	0	0	1,245	100
101-0416-464.60-90	OTHER SUPPLIES	565	0	565	0	0	565	100
*	SUPPLIES	2810	0	2,810	0	0	2,810	100
101-0416-464.70-02	RENT OF LAND / BUILDINGS	10200	2000-	8,200	850	6,800	550	7
101-0416-464.70-03	TELEPHONE	10080	2000-	8,080	108	5,882	2,090	26
101-0416-464.70-04	ELECTRICITY	480	0	480	0	0	480	100
101-0416-464.70-05	GAS & HEATING COSTS	720	0	720	0	0	720	100
101-0416-464.70-07	WATER	600	0	600	0	480	120	20
101-0416-464.70-11	AUTO INSURANCE	575	0	575	0	0	575	100
101-0416-464.70-33	SEMINARS & WORKSHOPS	350	0	350	0	0	350	100
101-0416-464.70-36	POSTAGE & MAIL SERVICE	125	0	125	0	100	25	20
101-0416-464.70-37	PRINTING/PUBLISHING/ADS	2224	0	2,224	0	0	2,224	100
*	OTHER OPERATING COSTS	25354	4000-	21,354	958	13,262	7,134	33
**	CRAFT GRANT FY 02	445486	0	445,486	2,280	354,952	88,254	20
***	COMM, HEALTH, ECON DEV DEPT	1543384	158824	1,702,208	212,701	663,809	825,698	49
****	GENERAL FUND	1543384	158824	1,702,208	212,701	663,809	825,698	49
		1543384	158824	1,702,208	212,701	663,809	825,698	49