

SANTA FE COUNTY

RESOLUTION 2001- 185

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

Whereas, the Board of County Commissioners meeting in regular session on November 27, 2001 did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development/ DWI Program Fund Name: Substance Abuse Prevention

Budget Adjustment Type: Budget Increase

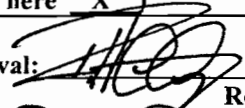
Fiscal Year: 2002: (July 1, 2001 - June 30, 2002)

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 | 0413 | 371 | 15-00 | DWI/State Grants | 20,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 20,000 | |

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 | 0413 | 371 | 10-26 | Term Employees | 1,500 | |
| 101 | 0413 | 371 | 20-01 | FICA/Employer | 93 | |
| 101 | 0413 | 371 | 20-02 | FICA/Medicare | 22 | |
| 101 | 0413 | 371 | 20-03 | PERA/Employer | 285 | |
| TOTAL (if SUBTOTAL, check here X) | | | | | 1,900 | |

Requesting Department Approval: 
 Robert A. Anaya

Title: Director Date: 11/19/01

Finance Department Approval:  Date: 11/19/01

Entered by: _____ Date: _____

County Manager Approval:  Date: 11-19-01

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SANTA FE COUNTY

RESOLUTION 2001-185

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 \$20,000.00. The purpose of this request is to increase the budget to include a Substance Abuse Prevention Grant that was awarded to the CHEDD/DWI Program through the State of New Mexico /Department of Health for FY-2002.

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

At the time, the DWI Program was unaware that the grant had been awarded until after Fiscal Year 2002 began so we were unable to include it in our Operating Budget at the beginning 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:

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 : Substance Abuse Prevention Initiative

Award Date : 07/01/01

Grant Number : 01.665.62.833-A-I

Amount : \$20,000

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RESOLUTION 2001- 185

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 salaries and benefits for an existing Term FTE, David Sims, Program Director, is included in this request.

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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 | 0413 | 371 | 20-05 | Group Insurance | 85 | |
| 101 | 0413 | 371 | 20-06 | Retiree Health | 15 | |
| 101 | 0413 | 371 | 50-03 | Professional Services | 8,000 | |
| 101 | 0413 | 371 | 60-07 | Office Supplies | 5,000 | |
| 101 | 0413 | 371 | 60-08 | Field Supplies | 5,000 | |
| | | | | | 20,000 | |

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SANTA FE COUNTY
RESOLUTION 2001- 185

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 27 Day of November, 2001

Santa Fe Board of County Commissioners

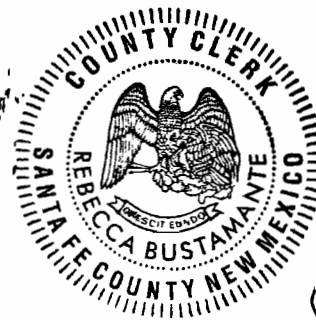
Paul Duran, Chairman



Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

Santa Fe County Attorney's Office



1182520
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED] ss
FOR RECORD ON THE 27 DAY OF Nov A.D.
20 01 AT 2:10 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2018
PAGE 825-839 OF THE RECORDS OF

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

DEPUTY