

SANTA FE COUNTY

RESOLUTION 2001- 42

1880196

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

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

Department/Division: Community Health & Economic Development/DWI Program

Fund Name: Community DWI Program

Budget 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	0405	371	04-00	DWI State Grants	9,967	
TOTAL (if SUBTOTAL, check here)					9,967	

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	0405	464	50-03	Professional Services	1,000	
101	0405	464	50-90	Other Contractual Services	4,367	
101	0405	464	60-08	Field Supplies	2,600	
101	0405	464	70-37	Printing/Publishing/Advertising	2,000	
TOTAL (If Sub-Total, check here)					9,967	

Requesting Department Approval: Robert A. Anaya by SPOs
Robert A. Anaya

Title: Director

Date: 03/16/01

Finance Department Approval: Kathleen B. Miller Date: 3/20/01
County Manager Approval: [Signature] Date: 3-29-01

Entered by: _____ Date: _____

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Page 2 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:**Name: Robert A. AnayaDept/Div: Community Health & Economic Development/DWI ProgramPhone #: 992-3056**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 budgets additional revenue available to the Santa Fe County DWI Program from the CDWI funds. Revenues are received from the State Highway and Transportation Department at the state level. This fact, and the fact that the funds revert at the end of the fiscal year, makes budgeting these revenues prior to the end of the fiscal year necessary. The purpose of this request is to spend these revenues on necessary expenditures, so that there are no funds remaining to revert back to the State at the end of the fiscal year.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

A request for \$ 57,594.00 was included in the Fiscal Year 2001 Operating Budget; however, the revenue available at this time for the fiscal year is \$67,561.00. The additional \$9,967.00 in revenues must be budgeted prior to reversion of these funds to the state at the end 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:

- a) If this is a state special appropriation, cite statute and attach a copy.

This request 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 award.

Program Name : Community DWI Program
Amount of Award : FY-2001 \$67,561

Award Date : Annual Grant Awarded in July of Fiscal Year
Program Number : 01-CD-31-091

SFC CLERK RECORDED 07/19/2004

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.***DEPARTMENT CONTACT:**Name: Robert A. AnayaDept/Div: Community Health & Economic Development/DWI ProgramPhone #: 992-3056**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.
There are no other available funds that can be used 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 includes the following Capital Purchases:
This request will 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 has no FTE impact.

SFC CLERK RECORDED 07/19/2004

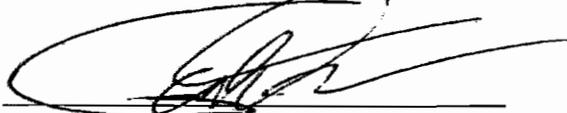
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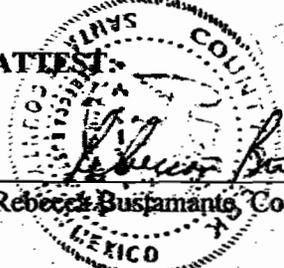
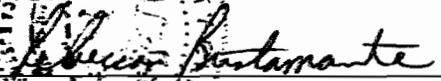
1880199

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.

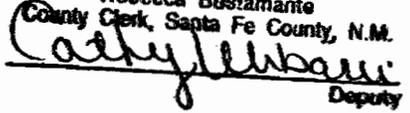
Approved, Adopted, and Passed This 27th Day of March, 2001

Santa Fe Board of County Commissioners


Paul Duran, Chairman

ATTEST:


Rebecca Bustamante, County Clerk



COUNTY OF SANTA FE
STATE OF NEW MEXICO 11501328
I hereby certify that this instrument was filed
for record on the 29 day of MARCH,
20 01 at 4:08 o'clock P.m
and was duly recorded in book 1880
page 196-199 of the records of
Santa Fe County
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Deputy

Approved As To Form.

By 
Santa Fe County Attorney