

SANTA FE COUNTY

RESOLUTION 2006- 188

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 28, 2006 did request the following budget adjustment:Departments/Divisions: Health and Human Services/DWI ProgramFund Name: Community DWI FundsBudget Adjustment Type: Budget IncreaseFiscal Year: 2007: (July 1, 2006 - June 30, 2007)

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
241	0405	371	04-00	DWI/State Grants	4,000	
TOTAL (if SUBTOTAL, check here)					4,000	

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
241	0405	464	30-02	Travel/Out-of-State Mileage & Fares	2,000	
241	0405	464	30-04	Travel/Out-of-State Meals & Lodging	2,000	
TOTAL (if SUBTOTAL, check here)					4,000	

Requesting Department Approval: Steve ShepherdTitle: Director Date: 10/7/06Finance Department Approval: Wanda Martinez Date: 11/15/06

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services / DWI Program

Phone #: 992-9840

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 Community DWI budget in the amount of \$4,000.00 in travel to be utilized by the Sheriff's Department to attend the Drug Recognition Expert Training that is typically held somewhere out of state which was requested and approved in the grant application.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?

This was not included in the operating budget for FY-2007 because originally this portion of the funding was going to be automatically transferred to the City Police for DWI efforts. It was later determined that this was not accomplished so an adjustment to the budget is necessary.

- 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 is 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 : Community DWI Grant
Award Date : 07/01/06 Annual Grant

Grant Number : 07-CD-05-091
Amount : \$44,257.00

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd

Dept/Div: Health and Human Services/DWI Program

Phone #: 992-9840

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 is no necessary match.
- 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 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 does not impact the FTEs.

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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 November, 2006



ATTEST

Valerie Espinoza
Valerie Espinoza, County Clerk

Santa Fe Board of County Commissioners

[Signature]
Harry Montoya, Chairman



Approved as to Form & Legal Sufficiency.

By [Signature]
Santa Fe County Attorney's Office

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of November, A.D., 2006 at 14:23
And Was Duly Recorded as Instrument # **1461102**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
[Signature] Valerie Espinoza
Deputy County Clerk, Santa Fe, NM