

**RESOLUTION 2007- 49**

**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, 2007 did request the following budget adjustment:

Departments/Divisions: Health and Human Services/DWI Program

Fund Name: Local DWI Distribution Funds

Budget Adjustment Type: Budget Increase

Fiscal Year: 2006: (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	0404	371	04-00	State Grants/DWI Local	188,857	
<b>TOTAL (if SUBTOTAL, check here )</b>					188,857	

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	0404	464	30-02	Out-of-State Mileage & Fares	2,500	
241	0404	464	50-03	Professional Services	5,200	
241	0404	464	50-09	Other Contractual Services	25,625	
241	0404	464	60-01	Inventory Exempt	8,710	
241	0404	464	60-07	Office Supplies	25,753	
241	0404	464	60-09	Educational Supplies	28,000	
241	0404	464	70-33	Seminars & Workshops	1,000	
241	0404	464	70-37	Printing\Publishing\Advertising	5,500	
241	0404	464	80-01	Building & Structures	5,000	
241	0404	464	80-03	Equipment & Machinery	81,569	
<b>TOTAL (if SUBTOTAL, check here )</b>					188,857	

Requesting Department Approval: *Stephen Shepherd*  
 Stephen Shepherd

Title: Director Date: 3/19/07

Finance Department Approval: *William C. M...* Date: 3/19/07

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**  
**RESOLUTION 2007 49**

**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 is to increase our DWI Local Distribution budget according to the total distribution amount that the DWI Program is going to receive which was provided by the Department of Finance and Administration (DFA) for fiscal 2007.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

The funds were budgeted in the FY-2007 budget, but at a lower amount than what has now been provided by DFA to the DWI Program of the total revenues that will be received from the funding source listed above.

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

This budget and the resulting expenditures are recurring. The DWI Local Distribution is awarded to the Health and Human Services Department annually each year, after all the appropriate paper work has been submitted beginning the 1<sup>st</sup> day in July.

- 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 does impact a revenue source.

- 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 state awarded funds.

Grant Name: Local DWI Distribution Funds  
Award Date: 7/1/06 Annual Grant

Grant Number: 07-D-J-D-27  
Amount: \$897,699.00

**SANTA FE COUNTY**  
**RESOLUTION 2007- 49**

**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.  

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 impact the Capital Purchases category. We will be purchasing one (1) Cannon colored copier for DWI office, two (2) two computers for satellite offices, and for the DWI law enforcement agencies: four (4) Digital In-car Video Cameras, six (6) laptops, one (1) crash data retrieval system, one (1) CPS clicker system, and three (3) in-car repeater radio systems.
- 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.

SANTA FE COUNTY

RESOLUTION 2007 - 49

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<sup>th</sup> Day of March, 2007.

Santa Fe Board of County Commissioners

*Virginia Vigil*  
Virginia Vigil, Chairperson

ATTEST:

*Valerie Espinoza*  
Valerie Espinoza, County Clerk



Approved As To Form.

By *Stephen Ross*  
Stephen Ross, County Attorney

COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 28TH Day Of March, A.D., 2007 at 10:42  
And Was Duly Recorded as Instrument # 1476373  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
*Marcella [Signature]* Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM