

SANTA FE COUNTY

RESOLUTION 2009 - 123

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

Whereas, the Board of County Commissioners meeting in regular session on July 28, 2009, did request the following budget adjustment:

Department / Division: Community Services / DWI and Care Connection Fund Name: Alcohol Programs (241) and Detox Programs (242)

Budget Adjustment Type: Decrease Transfer Between Funds Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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	0400	State Grants / DWI - Prevention		13,000
242	0482	390	0300	Operating Transfer In		13,000
TOTAL (if SUBTOTAL, check here)						26,000

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	0404	490	0100	Operating Transfer Out		13,000
242	0482	465	5003	Contractual Services / Professional Services		13,000
TOTAL (if SUBTOTAL, check here)						26,000

Requesting Department Approval: [Signature] Title: Division Director Date: 07/17/09
 Finance Department Approval: [Signature] Date: 7/20/09 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Rebecca Beardsley Dept/Div: Health and Human Services Division Phone No.: 992-9842

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 decrease the operating transfer that was budgeted for the Care Connection Facility for FY-2009. We were notified by the Department of Finance and Administration (DFA) later on in the fiscal year that our distribution budget was less then originally projected so cuts were made to meet the decrease that we were going to receive and this was a portion of those cuts.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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DEPARTMENT CONTACT:

Name: Rebecca Beardsley Dept/Div: Health and Human Services Division Phone No.: 992-9842

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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, YES _____ NO _____
If YES, cite statute and attach a copy.

 - b) Does this include state or federal funds? YES X NO _____
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

Grant Name: Local DWI Distribution Grant	Award Date: July 1, 2008
Grant Amount: \$1,043,314.86	Grant Number: 09-DJD-27

 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

 - d) Please identify other funding sources used to match this request.

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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 July, 2009.

Santa Fe Board of County Commissioners

[Signature of Mike D. Anaya]
Mike D. Anaya, Chairperson

ATTEST:

[Signature of Valerie Espinoza]

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of July, 2009 at 10:15:26 AM And Was Duly Recorded as Instrument # 1572095 Of The Records Of Santa Fe County

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