

SANTA FE COUNTY

RESOLUTION 2010 - 170

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

Whereas, the Board of County Commissioners meeting in regular session on Sept. 28, 2010, did request the following budget adjustment:

Department / Division: Community Services/Health and Human Services Fund Name: DWI Program/Community DWI

Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0400	Community DWI Program	39,999	
TOTAL (if SUBTOTAL, check here)					39,999	

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	3002	Out-of-State Travel Mileage & Fares	3,000	
241	0405	464	3004	Out-of-State Travel Meals & Lodging	4,250	
241	0405	464	5003	Professional Services Contracts	12,500	
241	0405	464	6001	Inventory Exempt Supplies	2,000	
241	0405	464	6008	Field Supplies	15,949	
241	0405	464	7033	Seminars & Workshops	2,300	
TOTAL (if SUBTOTAL, check here)					39,999	

Requesting Department Approval: [Signature] Title: DIRECTOR Date: 9/2/10

Finance Department Approval: [Signature] Date: 9/13/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

Page 2 of 4RESOLUTION 2010 - 170*ATTACH ADDITIONAL SHEETS IF NECESSARY.*DEPARTMENT CONTACT: Name: Rebecca Beardsley Dept/Div: Community Services/Health and Human Services /DWI Program 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 increase the DWI Program budget to include a grant that was awarded through the Traffic Safety Bureau to be utilized for alcohol related programs.

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
5003	Funds from the Traffic Safety Bureau will be used to contract with local enforcement agencies to complete DWI check points and saturation patrols through-out the fiscal year.	12,500

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Rebecca Beardsley Dept/Div: Community Services/Health and Human Services/DWI Program 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 X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X NO X
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.

 Name: Community DWI Funds Amount: \$39,999.00
 Grant No. 11-CD-05-091 Start Date: July 1, 2010
 - c) Is this request 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 September, 2010.

Santa Fe Board of County Commissioners



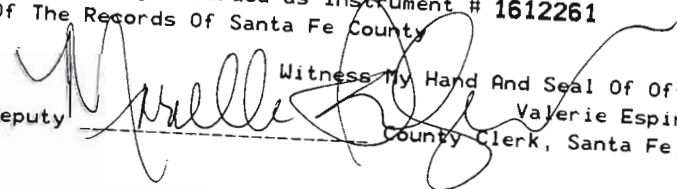
Harry Montoya, Chairperson

ATTEST:



Valerie Espinoza, County Clerk



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 29TH Day Of September, 2010 at 12:16:15 PM
And Was Duly Recorded as Instrument # **1612261**
Of The Records Of Santa Fe County

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