

RESOLUTION 2011 - 115

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2011, did request the following budget adjustment:

Department / Division: ASD/Finance for CSD/Teen Court Fund Name: DWI

Budget Adjustment Type: Increase Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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 | 0477 | 380 | 0111 | JPA/Santa Fe Public Schools | \$5,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$5,000 | |

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 | 0477 | 464 | 5090 | Other Contractual Services | \$5,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$5,000 | |

Requesting Department Approval: Carole Jaramillo Title: Budget Administrator Date: 8/30/11

Finance Department Approval: *[Signature]* Date: 8/22/2011 Entered by: _____ Date: _____

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: ASD/Finance for CSD/Teen Court Phone No.: 986-6321

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.

To budget for revenue received through a joint powers agreement with the Santa Fe Public Schools for Teen Court to operate a Truancy Program. The revenue was erroneously budgeted for \$20,000 however the JPA totals \$25,000. The additional revenue will be used to fund contractual services needed to complete program objectives.

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 |
|-----------|--|---------|
| 5090 | Various contracts for teen helpers and teen attorneys. | \$5,000 |
| | | |
| | | |
| | | |

- 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: Carole Jaramillo Dept/Div: CMO/Finance for GMD/RPA Phone No.: 986-6321

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.

JPA with Santa Fe Public Schools for the Teen Court Truancy Program

- b) Does this include state or federal funds? YES _____ 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.
- 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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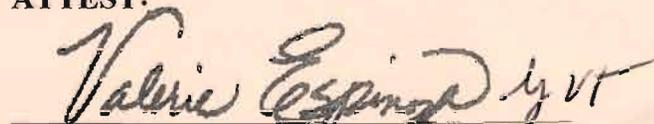
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

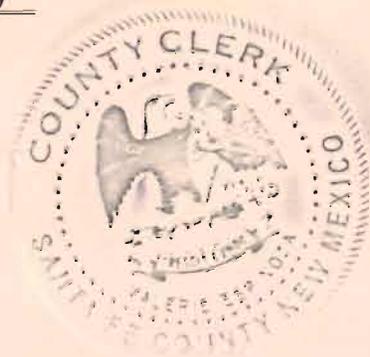
Approved, Adopted, and Passed This 30th Day of August, 2011.

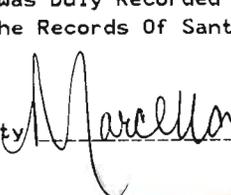
Santa Fe Board of County Commissioners


Virginia Vigil, 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 31ST Day Of August, 2011 at 02:48:04 PM
And Was Duly Recorded as Instrument # **1644079**
Of The Records Of Santa Fe County
Deputy )
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM