

RESOLUTION 2012 - 4

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

Whereas, the Board of County Commissioners meeting in regular session on Jan. 10, 2012, did request the following budget adjustment:

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

Budget Adjustment Type: Budget 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	0476	371	0400	Local DWI Grant	168,992	
TOTAL (if SUBTOTAL, check here)					168,992	

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	0476	464	5003	Contractual – Professional Services	161,992	
241	0476	464	7036	Operating Expenses – Postage & Mail Service	1,000	
241	0476	464	7037	Operating Expenses – Printing/Publishing/Advert.	6,000	
TOTAL (if SUBTOTAL, check here)					168,992	

Requesting Department Approval: [Signature] Title: Division Director Date: 12/22/11

Finance Department Approval: [Signature] Date: 12/28/11 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 12-30-11 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Joyce Varela Dept/Div: Community Services/Health and Human Services /DWI Program Phone No.: 992-9843

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 the additional grant funds that were awarded through the Department of Finance and Administration (DFA)/Local Government 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	These funds will be used for contract services to provide DWI Prevention activities within the Santa Fe County such as Positive Youth Development, I-Gen Project, Power of Parents & PYPM Training, Prevention Curricula/K-8, Edgewood Teacher Trainings, Positive Youth Development, Project Success etc.... which will be completed throughout the remainder of the fiscal year.	161,992

- 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: Joyce Varela Dept/Div: Community Services/Health and Human Services/DWI Program Phone No.: 992-9843

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: DWI Grant Funds	Amount: \$168,992.00
Grant No. 12-D-J-G-27	Start Date: December 13, 2011
 - 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 10th Day of January, 2012.

Santa Fe Board of County Commissioners

Liz Stefanics
Liz Stefanics, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



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 11TH Day Of January, 2012 at 03:49:48 PM
And Was Duly Recorded as Instrument # 1657125
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy *Valerie Espinoza* County Clerk, Santa Fe, NM