

SANTA FE COUNTY

RESOLUTION 2008 - 181Page 1 of 5**A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM**

Whereas, the Board of County Commissioners meeting in regular session on October 28, 2008, did request the following budget adjustment:

Department / Division: Community Services Department / HHSD Fund Name: Detox Programs Fund (242) / Access to RecoveryBudget Adjustment Type: Budget Increase 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
242	0483	350	0600	ATR Assessment Fees / Value Options	76,520	
242	0483	350	0601	ATR Carryover		1,827
242	0483	390	0300	Operating Transfer In / From DWI Fund		50,000
242	0482	390	0300	Operating Transfer In / From DWI Fund	50,000	
TOTAL (if SUBTOTAL, check here)					126,520	51,827

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
242	0483	465	10-24	Salary & Wages - Temporary Position	5,839	
242	0483	465	10-26	Salary & Wages - Term Employees	11,459	
242	0483	465	20-01	Employee Benefits - FICA Regular	1,070	
242	0483	465	20-02	Employee Benefits - FICA Medicare	250	
TOTAL (if SUBTOTAL, check here X)					18,618	

Requesting Department Approval:

Stephen D. Shepherd

Title: Division DirectorDate: 10/01/08

Finance Department Approval:

Date: 10/01/08

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____

Date: _____

SANTA FE COUNTY

RESOLUTION 2008 - 181

BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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
				BALANCE BROUGHT FORWARD	18,618	
242	0483	465	20-03	Employee Benefits -- Retirement Contributions	2,180	
242	0483	465	20-06	Employee Benefits -- Retiree Healthcare	150	
242	0483	465	70-01	Other Operating Costs -- Rent of Equipment	100	
242	0483	465	70-90	Other Operating Costs -- Other Costs	3,645	
242	0482	465	50-03	Contractual Services- Professional Services	50,000	
TOTAL (if SUBTOTAL, check here)					74,693	

SANTA FE COUNTY

RESOLUTION 2008 - 181

Page 3 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Vidella T. Montoya Dept/Div: CSD/HHSD Phone No.: 992-9853

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 increases the CSD/CARE Connection budget by a net increase of \$7,213 to realign the fiscal year 2009 budget with the actual Value Options agreement and ATR Carryover for the Access to Recovery program. This request also budgets \$17,480 from Value Options.
 - This request also corrects an operating transfer in the amount of \$50,000 from the Local DWI Program which was incorrectly budgeted in Access to Recovery which should have been transferred to the Assessments program.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
(1026) Susan Walters	Starting Pay was higher than budgeted	Term	Therapist
(1026) Christina Evans	Starting Pay was higher than budgeted	Term	Therapist

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 X or for NON-RECURRING (one-time only) expense _____

SANTA FE COUNTY

RESOLUTION 2008 - 181

Page 4 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Montoya

Dept/Div: CSD/HHSD

Phone No.: 992-9853

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 _____
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.
Funds are from Value Options, federal funds for the Access to Recovery voucher program
Contract ID: NM601116 ATR Amount: \$259,040
 - 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.
Match is in-kind only


SANTA FE COUNTY
RESOLUTION 2008 - 181

Page 5 of 5

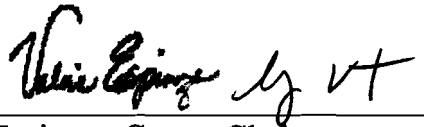
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

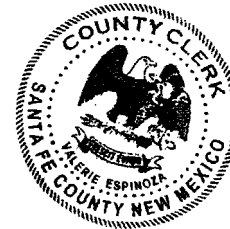
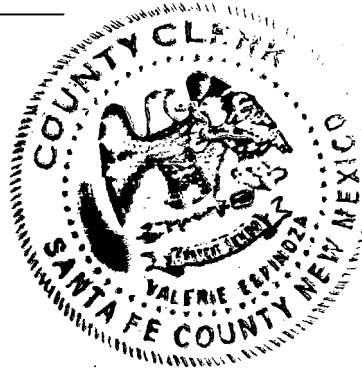
Approved, Adopted, and Passed This 28th Day of October, 2008.

Santa Fe Board of County Commissioners


Paul Campos, Chairperson

ATTEST:

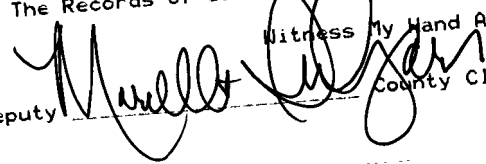

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of October, A.D., 2008 at 13:02
And Was Duly Recorded as Instrument # 1542602
Of The Records Of Santa Fe County

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

SFC CLERK RECORDED 10/29/2008