SANTA FE COUNTY

RESOLUTION 2016 - 128

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

Whereas, the Board of County Commissioners meeting in regular session on November 29, 2016, did request the following budget adjustment:

Department / Division: Community Services Fund Name: DWI Program Alcohol Program Fund (241)

Budget Adjustment Type: Increase Budget Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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	0484	350	07-00	Fines and Forfeitures/ DWI Compliance Fees	28,644	
241	0000	385	02-00	Budgeted Cash Funds	135,156	
TOTAL (if SUBTOTAL, check here ____)					163,800	

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	0484	464	10-26	Salary Term Employees	81,500	
241	0484	464	20-01	FICA – Regular	5,055	
241	0484	464	20-02	FICA – Medicare	1,200	
241	0484	464	20-03	Retirement Contributions	16,750	
TOTAL (if SUBTOTAL, check here X)					104,505	

Requesting Department Approval: _____ **Title:** Division Director **Date:** 11/9/16

Finance Department Approval: _____ **Date:** 11-9-16 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 11.29.16 **Updated by:** _____ **Date:** _____

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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 X)						

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	0484	464	20-05	Health Care	12,649	
241	0484	464	20-06	Retirement Health Care	1,630	
241	0484	464	20-08	Workers Compensation	16	
241	0484	464	50-03	Contractual Services	45,000	
TOTAL (if SUBTOTAL, check here)					163,800	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Joyce Varela **Dept/Div:** Community Services **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.
  The DWI Program is requesting an increase to the budget in the DWI Compliance Fees account. The Santa Fe DWI Program was recently notified by the Department of Finance (DFA) of a required decrease in the DWI Distribution funds that are received by the program every year. This increase to the budget is essential to assume a portion of the necessary expenses that the program will incur during the fiscal year to continue operating adequately.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26 20-01-20-08	To pay for existing positions that were originally budgeted in the DWI Distribution fund account which was recently decreased as indicated above.	Term Term Term	DWI Compliance Supervisor DWI Compliance Monitor DWI Compliance Monitor

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	Contract services to implement a urinalysis testing program for DWI offenders convicted of a first and second offense.	30,000
5003	Services to continue to provide an evaluation of the compliance and screening components of the Santa Fe County DWI Program.	15,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Joyce Varela **Dept/Div:** Community Services **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.):

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

- 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 ___ 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.

    Grant Name: Grant No.
    Grant Amount: Date Awarded:

  - 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 29th Day of November, 2016.

Santa Fe Board of County Commissioners

Miguel M. Chavez

Miguel M. Chavez, Chairperson

ATTEST:

Geraldine Salazar

Geraldine Salazar, 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 30TH Day Of November, 2016 at 10:26:57 AM And Was Duly Recorded as Instrument # 1810980 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM

Deputy Laura Hernandez

SFC CLERK RECORDED 11/30/2016