

SANTA FE COUNTY

RESOLUTION 2018 - 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 _____, did request the following budget adjustment:

Department / Division: CSD/DWI Fund Name: Alcohol Programs Fund (241)
 Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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	0404	371	04-00	DWI Local / Grant / State	127,000	
TOTAL (if SUBTOTAL, check here)					\$127,000	

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	0404	464	50-03	Contractual/Professional	127,000	
TOTAL (if SUBTOTAL, check here)					\$127,000	

Requesting Department Approval: [Signature] Title: CSD Director Date: 1/9/18
 Finance Department Approval: [Signature] Date: 1/10/18 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 1/30/18 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)						

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
TOTAL (if SUBTOTAL, check here)						

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RESOLUTION 2018 - 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lupe Sanchez Dept/Div: CSD/DWI Phone No.: 992-9849

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 Community Services Department DWI Program received funding to enhance treatment services and school base prevention from a Reversion Grant Awarded to the DWI program from the Department of Finance and Administration, Local Government Division. CSD is seeking to increase the total budget. \$498,877.00 is budgeted in (241-0404-464-5003). CSD is requesting \$127,000.00 be placed into (241-0404-464-5003). This will increase the total budget for contractual services to \$625,877.00

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
50-03	Additional services to provide alcohol /substance abuse treatment and alcohol prevention in the Santa Fe Public Schools.	\$127,000

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lupe Sanchez

Dept/Div: CSD / DWI

Phone No.: 992-9840

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 x NO
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.
LDWI Grant Agreement No. 18-D-G-27
 - 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. N/A

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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.

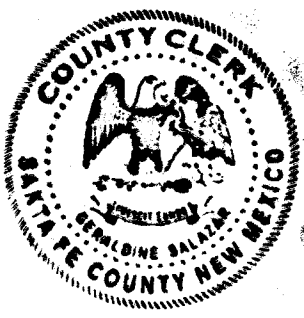
Approved, Adopted, and Passed This 30th Day of January, 2018.

Santa Fe Board of County Commissioners

Signature of Anna Hansen, Chair

ATTEST:

Signature of Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5

I Herby Certify That This Instrument Was Filed for Record On The 31ST Day Of January, 2018 at 11:21:05 AM And Was Duly Recorded as Instrument # 1848946 Of The Records Of Santa Fe County

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

Signature of Deputy Clerk

