

SANTA FE COUNTY

RESOLUTION 2000- 141

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 31, 2000, did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development

Fund Name: Community Reinforcement & Family Training (CRAFT)

Budget Adjustment Type: Budget Increase

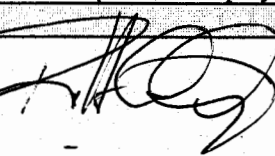
Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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
101	0411	372	09-02	Other/US Department of Health & Human Services	467,297	
TOTAL (if SUBTOTAL, check here)					467,297	

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
101	0411	464	10-26	Term Employees	60,146	
101	0411	464	20-01	FICA/Employer	3,730	
101	0411	464	20-02	FICA/Medicare	873	
101	0411	464	20-03	PERA/Employer	8,696	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					73,445	

Requesting Department Approval: Robert A. Anava 

Title: Director Date: 10/20/00

Finance Department Approval: Katherine Miller Date: 10/25/00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10/25/00

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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
101	0411	464	20-05	Group Insurance	5,334	
101	0411	464	20-06	Retiree Health	602	
101	0411	464	20-08	Worker's Compensation	12	
101	0411	464	30-01	In-State Mileage & Fares	625	
101	0411	464	30-02	Out-of-State Mileage & Fares	9,360	
101	0411	464	30-04	Out-of-State Meals & Lodging	12,000	
101	0411	464	50-03	Professional Services	292,998	
101	0411	464	60-07	Office Supplies	6,340	
101	0411	464	60-90	Other Office Supplies	750	
101	0411	464	70-02	Rent of Building	16,080	
101	0411	464	70-03	Telephone Services	8,880	
101	0411	464	70-04	Electric Expense	900	
101	0411	464	70-05	Gas Expense	600	
101	0411	464	70-37	Advertising & Printing	10,400	
101	0411	464	70-39	Subscriptions & Dues	350	
101	0411	464	80-03	Equipment & Machinery	13,000	
101	0411	464	80-09	Vehicles	15,621	
					467,297	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/CRAFT

Phone #: 992-3056

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 CHEDD budget by \$ 467,297. The purpose of this request is to establish an initial budget for the Community Reinforcement and Family Training (CRAFT) grant that was awarded to CHEDD through the US Department of Health & Human Services for FY-2001.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

The grant had not yet been awarded when the fiscal year began, so we were unable to include it in our budget.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This budget increase and the resulting expenditures are non-recurring. There is no future funding impact.

- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:

This request includes federal funding.

- a) If this is a state special appropriation, cite statute and attach a copy.

This is not a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This is a federal grant.

Grant Name : Santa Fe County CRAFT

Grant Number : 1-H79-TI1245-01

Award Date : 9/22/00

Amount : \$ 467,297

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/CRAFT

Phone #: 992-3056

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

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- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
Match is in-kind only.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
Two (2) desks, two (2) desktop computers, a black and white printer, and a copier. These items will be used and are necessary for the CRAFT staff members to complete grant requirements.

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request does have a FTE impact.
Two term positions are requested to run this program.
There is no future funding impact. The positions terminate upon loss of funding.

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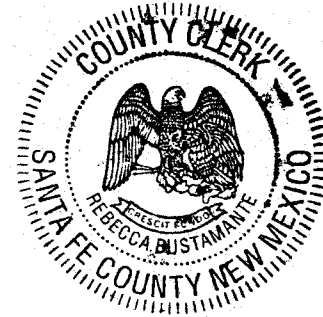
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 31th Day of October, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairman



1822948



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved as to Form & Legal Sufficiency.

By [Signature]
Santa Fe County Attorney's Office

1134.845
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO }
I hereby certify that this instrument was filed
for record on the 31 day of Nov A.D.
2000, at 8:05 o'clock a.m
and was duly recorded in book 1822
page 944-948 of the records of

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
[Signature]
Deputy