

SANTA FE COUNTY

RESOLUTION 2000 - 151

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 14, 2000, did request the following budget adjustment:

1827763

Department / Division: Community Health and Economic Development/Health

Fund Name: DOH Smart Move Program

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	0000	371	90-00	State/Other	125,000	
101	0101	390	01-00	Operating Transfer In	5,000	
TOTAL (if SUBTOTAL, check here)					130,000	

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
101	0413	465	50-90	Contractual Services/Other Contractual Services	115,000	
101	0413	465	70-37	Printing/Publishing/Advertisements	2,000	
101	0413	465	80-03	Equipment & Machinery	3,000	
101	0413	490	01-00	Transfer Out	5,000	
TOTAL (if SUBTOTAL, check here)					125,000	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 11/03/00

Finance Department Approval: Katherine Miller Date: 11-9-00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11-14-00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1827764

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						

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	0101	412	70-90	Other Operating Costs/Misc.	5,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					130,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health and Economic Development/Health

Phone #: 992-3060

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 establishes an initial budget for the DOH Smart Moves Program. The goal and purpose of this request and program is "To prevent and reduce alcohol, tobacco, and other drug abuse and related harmful behavior in youth in the context of community health improvement processes".

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

The grant agreement was finalized on 10/05/00, after the FY-2001 Operating Budget process was completed.

- 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:

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

This request is not a state special appropriation.

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

This grant includes state funding

State Grant Name: Smart Moves Program

State Grant Number : 665-6200-0833

Award Date : 09/15/00 (Retroactive Date)

Amount : \$ 125,000

1827765

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health and Economic Development/Health

Phone #: 992-3060

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

- 1827766
- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

This action is not a result of Commission Action.
 - d) Please identify other funding sources that can be used to match this request.

There are no other funds available to match this request
 - 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

This request includes a computer (\$ 2,000) and a printer (\$ 1,000). These items will be used by County staff to complete work on this program.
 - 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 has no FTE impact. However, some of the grant will be used to pay the salary of an existing staff member who will be working on this program.

SANTA FE COUNTY

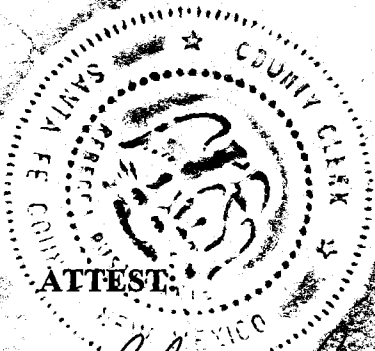
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 14th Day of November, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk



Approved As To Form.

By *Steven Kopelman*
Steven Kopelman, County Attorney

1136.367

COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 16 day of Nov A.D.
20 00 at 10:11 O'clock A.M.
and was duly recorded in book 1827
page 763-767 of the records of

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
Marcello Plozas
Deputy

1827767