

**SANTA FE COUNTY**  
**RESOLUTION 2000- 98**

SFC CLERK RECORDED 07/15/2004

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

1801737

Whereas, the Board of County Commissioners meeting in regular session on August 29, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Dev./Health Division Fund Name: DWI Program: Teen Court  
 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	0409	385	01-00	Budgeted Cash	5,622	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					5,622	

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	0409	464	30-01	In-State Mileage & Fares	1,500	
101	0409	464	40-01	Maintenance Contracts	700	
101	0409	464	50-03	Contractual Services: Professional Services		1,038
101	0409	464	50-90	Contractual Services: Other Contractual Services	2,010	
					4,210	1,038

Requesting Department Approval: Robert A. Anaya Title: Director Date: 08/18/00  
 Finance Department Approval: [Signature] Date: 8-23-00 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 8/22/00

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

1801738

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
<b>TOTAL (if SUBTOTAL, check here )</b>						

7/15/2004

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	0409	464	60-07	Office Supplies	1,000	
101	0409	464	70-02	Rent of Buildings	450	
101	0409	464	70-33	Workshops & Seminars	200	
101	0409	464	70-37	Printing/Publishing/Advertising	700	
101	0409	464	70-39	Subscriptions & Dues	100	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>6,660</b>	<b>1,038</b>

SANTA FE COUNTY  
RESOLUTION 2000- 98

SFC CLERK RECORDING 07/17/2004

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/DWI Program

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 increases the DWI Program: Teen Court \$ 5,622 from cash receipts.

The purpose of this grant is to provide a sufficient operating budget for the program.

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

The balance of cash receipts at the end of FY-2000 was not known until after the budget cycle.

- 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 will be no future funding impacts.

- 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 does not include state funds.

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

This is not a state or federal grant.

1801739

SANTA FE COUNTY

RESOLUTION 2000- 98

SFC CLERK RECORDING 07/11/2004

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/DWI Program

Phone #: 992-3060

1801740

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

- 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.  
There are no other available funds that can be used 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 no capital outlay.
- 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.

SANTA FE COUNTY

RESOLUTION 2000- 98

SFC CLERK RECEIVED 07/15/2004

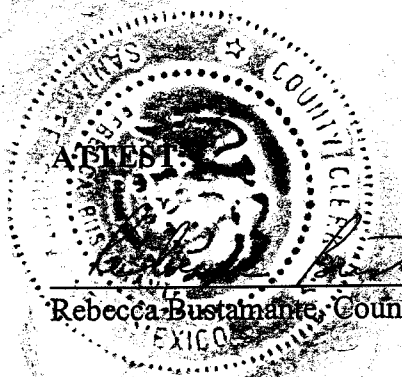
1801741

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 August, 2000.

Santa Fe Board of County Commissioners

*Richard D. Anaya*  
Richard D. Anaya, Chairperson



Rebecca Bustamante, County Clerk

1127 911  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO ) SS  
I hereby certify that this instrument was filed  
for record on the 30 day of Aug A.D.  
20 00 at 2:11 O'clock P.m  
and was duly recorded in book 1801  
page 737-141 of the records of  
Santa Fe County.

Approved As To Form.

By *Christina Lopez*  
Santa Fe County Attorney

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

*Marcella Salazar*  
Deputy

