

## SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on Sept. 28, 2010, did request the following budget adjustment:Department / Division: Community Services/Health and Human Services Fund Name: DWI Program/ Alcohol Detoxification GrantBudget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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
242	0481	371	0400	Alcohol Detoxification Grant	300,000	
TOTAL (if SUBTOTAL, check here )					300,000	

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
242	0481	461	5003	Professional Services Contracts	300,000	
TOTAL (if SUBTOTAL, check here )					300,000	

Requesting Department Approval: [Signature] Title: DIRECTOR Date: 9/2/10Finance Department Approval: [Signature] Date: 9/13/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Rebecca Beardsley Dept/Div: Community Services/Health and Human Services/DWI Program Phone No.: 992-9842

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 is to increase the DWI Program budget to include a grant that was awarded through the Department of Finance and Administration State of New Mexico to utilize for alcohol related programs.

## 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
5003	The Detoxification grant is going to be contracted out to Christus St. Vincent to be utilized for the Sobering Center.	300,000

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

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Rebecca Beardsley Dept/Div: Community Services/Health and Human Services/DWI Program Phone No.: 992-9842

**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  NO 

If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES  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.

Name: Alcohol Detoxification Grant      Amount: \$300,000.00  
Grant No. 11-X-I-G-27                      Start Date: July 1, 2010
  - c) Is this request a result of Commission action? YES  NO 

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 28th Day of September, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry Montoya, Chairperson

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )
STATE OF NEW MEXICO ) ss BCC RESOLUTIONS
I Hereby Certify That This Instrument Was Filed for PAGES: 4
Record On The 29TH Day Of September, 2010 at 12:16:14 PM
And Was Duly Recorded as Instrument # 1612260
Of The Records Of Santa Fe County
[Signature] Witness My Hand And Seal Of Office
Deputy [Signature] Valerie Espinoza
County Clerk, Santa Fe, NM