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**TORRANCE COUNTY
BOARD OF COUNTY COMMISSIONERS
RESOLUTION NO. R 2020- 13**

A RESOLUTION AUTHORIZING TORRANCE COUNTY TO SUBMIT AN APPLICATION TO THE DEPARTMENT OF FINANCE AND ADMINISTRATION, LOCAL GOVERNMENT DIVISION TO PARTICIPATE IN THE JUVENILE ADJUDICATION FUND PROGRAM.

WHEREAS, the Legislature enacted Section 34-16-1 NMSA 1978 establishing a juvenile adjudication fund grant program to fund programs providing alternative procedures of adjudication for juveniles charged with traffic offenses and other misdemeanors.; and;

WHEREAS, the Legislature enacted Section 66-8-116.3 NMSA 1978 as amended, creating the juvenile adjudication fund by assessing fees levied and collected; and;

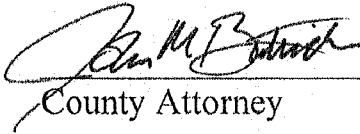
WHEREAS, the County along with participating agencies is making application to the Department of Finance and Administration, Local Government Division for supplemental program funding.

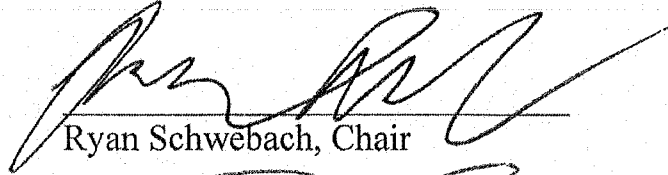
NOW, THEREFORE BE IT HEREBY RESOLVED: that the governing body of TORRANCE COUNTY, and that the chair, or designee, County Manager Wayne Johnson, on behalf of the Governing Body and all participating agencies hereby authorizes the submission of the FY21 application for the Juvenile Adjudication Fund under the regulations established by the Local Government Division, 2.110.5 NMAC.

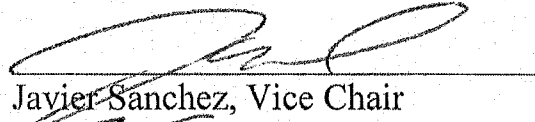
APPROVED AND ADOPTED by the governing body at its meeting of
March 25, 2020.

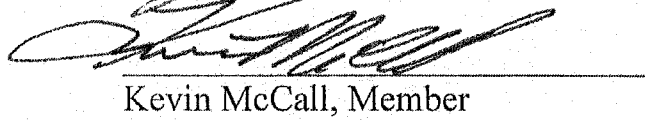
APPROVED AS TO FORM ONLY:

BOARD OF COUNTY COMMISSIONERS

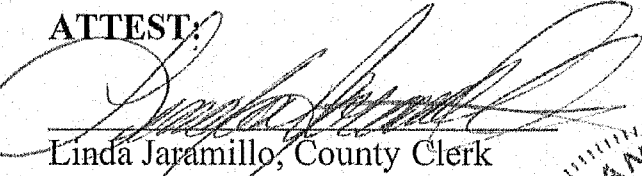
 3/25/2020
County Attorney Date


Ryan Schwebach, Chair

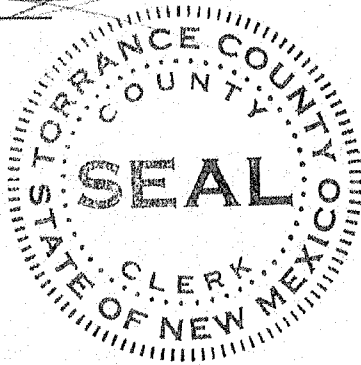

Javier Sanchez, Vice Chair


Kevin McCall, Member

ATTEST:


Linda Jaramillo, County Clerk

Date: 3/25/2020



FY21 Juvenile Adjudication Funding Application Cover Sheet
Local Government Division - DFA

Applicant/Grantee: TORRANCE COUNTY

Program Coordinator:

Name: DR. TRACEY MASTER
Address: PO BOX 48
City, State, Zip: ESTANCIA NM 87016
Telephone: 505-705-0332
E-Mail: tmaster@tcnm.us

Fiscal Agent as listed on current W-9:

Contact Person: Jeremy Oliver
Mailing Address: PO Box 318
City, State, Zip: Estancia NM 87016
Telephone: 505-544-4720
E-Mail: joliver@tcnm.us

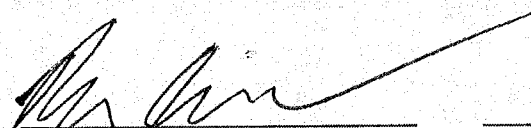
Budget

Dollar amount requested: \$2,117
In-Kind Match 5,000.00
Total: 7,117.00

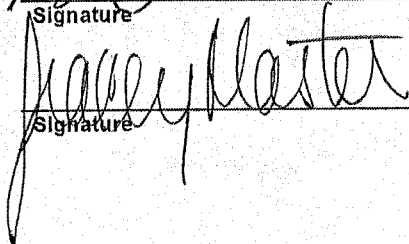
Authorization

I authorize the applicant to submit this application for funding from the State of New Mexico. To the best of my knowledge, the information presented in the application is true and correct.

RYAN SCHWEBACH, COMMISSION CHAIR
County/City Official (Print name and title)


Signature _____ Date 3/25/2020

DR. TRACEY MASTER
Program Coordinator (Print name)


Signature _____ Date 3/25/2020