

SANTA FE COUNTY

RESOLUTION 2004 - 103

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

Whereas, the Board of County Commissioners meeting in regular session on August 31, 2004, did request the following budget adjustment:

Department / Division: County Sheriff / Region III Fund Name: General Fund

Budget Adjustment Type: Budget Decrease Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	1204	372	0800	Federal Grants / Region III		2,600
TOTAL (if SUBTOTAL, check here)						2,600

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	1204	425	1025	Salary & Wages / Overtime		285
101	1204	425	2003	Employee Benefits / Retirement Contributions		10
101	1204	425	2005	Employee Benefits / Healthcare		160
101	1204	425	2006	Employee Benefits / Retiree Healthcare		5
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						460

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 8-20-04

Finance Department Approval: [Signature] Date: 8-24-04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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	1204	425	3001	Travel / In State Mileage & Fares		72
101	1204	425	3003	Travel / In State Meals & Lodging	475	
101	1204	425	3002	Travel / Out of State Miles & Fares	900	
101	1204	425	3004	Travel / Out of State Meals & Lodging	1,080	
101	1204	425	4002	Maintenance / Contracts		471
101	1204	425	4004	Maintenance / Vehicle		1,530
101	1204	425	4006	Maintenance / Equipment		400
101	1204	425	4007	Maintenance / Supplies		500
101	1204	425	5003	Contractual Services / Professional Services	15,450	
101	1204	425	5090	Contractual Services / Other Contractual Services		1,817
101	1204	425	6001	Supplies / Inventory Exempt		500
101	1204	425	6003	Supplies / Uniforms		2,500
101	1204	425	6005	Supplies / Med & Lab Supplies	63	
101	1204	425	6007	Supplies / Office Supplies	1,000	
101	1204	425	6008	Supplies / Field Supplies	900	
TOTAL (if SUBTOTAL, check here X)					19,868	7,790

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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	1204	425	7003	Other Operating Costs / Telephone		4,749
101	1204	425	7004	Other Operating Costs / Electricity		300
101	1204	425	7005	Other Operating Costs / Gas & Heating Costs		50
101	1204	425	7006	Other Operating Costs / Garbage & Sewer	115	
101	1204	425	7007	Other Operating Costs / Water		140
101	1204	425	7008	Other Operating Costs / Insurance	3,178	
101	1204	425	7015	Other Operating Costs / Property Insurance	5,300	
101	1204	425	7033	Other Operating Costs / Seminars & Workshops	1,200	
101	1204	425	7042	Other Operating Costs / Sheriff Expense		5,000
101	1204	425	7090	Other Operating Costs / Misc. Operating Costs		130
101	1204	425	8009	Capital Purchases / Vehicles		13,415
101	1204	425	8099	Capital Purchases / Inventory Exempt		227
TOTAL (if SUBTOTAL, check here)					29,661	32,261

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Region III Dept/Div: County Sheriff Phone No.: 473-7021

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 decreases the budget to the actual grant amount awarded for the Region III Drug Task Force from the New Mexico Department of Public Safety for expenditure in fiscal year 2005.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
The grant amount was estimated when the fiscal year 2005 operating budget was prepared. This request decreases the budget for the actual award amount.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This decrease is non-recurring.
- 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 is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
Region III Grant # 04-DCSI-PPA 02-Region III-FY05 Amount: \$305,000
Effective: July 1, 2004 – June 30, 2005

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Region III **Dept/Div:** County Sheriff **Phone No.:** 473-7021

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 a result of Commission action.

 - d) Please identify other funding sources that can be used to match this request.
\$101,667 of salaries for the Santa Fe County Sheriff's Deputies used by this program provides the matching funds required.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request reduces the capital purchases category.

- 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 not have an FTE impact.

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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 31st Day of August, 2004.



Santa Fe Board of County Commissioners

Paul Campos, Chairperson



ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

By  8.25.04
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I hereby Certify That This Instrument Was Filed for
Record On The 7TH Day Of September, A D., 2004 at 12:45
And Was Duly Recorded as Instrument # **1845185**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
County Clerk, Santa Fe, NM

Deputy 