

RESOLUTION 2004 - 91

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 10, 2004, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase 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	1209	372	0600	Federal Grant / Region III (HIDTA)	19,263	
101	1208	372	0600	Federal Grant / Region III (HIDTA)	2,670	
TOTAL (if SUBTOTAL, check here)					21,933	

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	1209	425	7042	Other Operating Costs / Sheriffs Expense	19,424	
101	9206	425	4010	Maintenance / Pest Control		5
101	9206	425	7036	Other Operating Costs / Postage & Mail		156
101	1208	425	4004	Maintenance / Vehicles	2,670	
TOTAL (if SUBTOTAL, check here)					22,094	161

Requesting Department Approval: [Signature] Title: Sheriff Date: 8-2-04

Finance Department Approval: [Signature] Date: 8/3/04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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.
 - 1.) This request is to budget the available fiscal year 2004 balance for the Region III – HIDTA Grant awarded through the Office of National Drug Control Policy for expenditure in fiscal year 2005. The ending period for the fiscal year 2004 grant has been extended from June 30, 2004 to September 30, 2004. These funds will be used for contingency funds for on going investigations.
 - 2.) Region III/HIDTA has been awarded \$2,669.94 of reverted funds from prior fiscal years from the New Mexico High Intensity Drug Trafficking Area Agency. These funds will be used for vehicle service expenses.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
 - 1.) The final amount that would be available to carryover was not known when the fiscal year 2005 operating budget was prepared.
 - 2.) These reverted funds were awarded at the end of fiscal year 2004, but they were not expended before June 30, 2004.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This increase 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.
 - 1.) HIDTA Federal Grant #I3PSNP573 Amount: \$259,643
Effective Date: July 1, 2003 – September 2004
 - 2.) - HIDTA Federal Grant #I0PSNP573 July 1, 2000 – June 30, 2002 Award Amount: \$258,475
Extension of grant thru September 30, 2004 – Amount: \$217.88
- HIDTA Federal Grant #I1PSNP573 July 1, 2001 – June 30, 2003 Award Amount: \$259,643
Extension of grant thru September 30, 2004 – Amount: \$599.70
- HIDTA Federal Grant #I2PSNP573 July 1, 2002 – June 30, 2003 Award Amount: \$259,643

SANTA FE COUNTY

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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.):

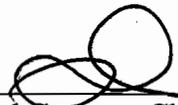
- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation. This request is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request. There are no other funding sources 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 does not impact 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 10th Day of August, 2004.

Santa Fe Board of County Commissioners



Paul Campos, Chairperson



ATTEST



Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

ECC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 17TH Day Of August, 9 0 , 2004 at 10:41
And Was Duly Recorded as Instrument # ~~162058~~
Of The Records Of Santa Fe County

Witness My Hand And Seal Or Office
Deputy  Rebecca Bustamante
County Clerk Santa Fe NM