

RESOLUTION 2005 - 15

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

Whereas, the Board of County Commissioners meeting in regular session on January 25, 2005, did request the following budget adjustment:

Department / Division: Corrections / Adult Facility Fund Name: Jail Operations 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
518	1860	341	9500	Charges for Services	39,500	
TOTAL (if SUBTOTAL, check here)					39,500	

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
518	1860	426	1026	Salary & Wages / Term Employee	20,731	
518	1860	426	2001	Employee Benefits / FICA - Regular	1,285	
518	1860	426	2002	Employee Benefits / FICA - Medicare	301	
518	1860	426	2003	Employee Benefits / Retirement Contributions	3,944	
TOTAL (if SUBTOTAL, check here X)					26,261	

Requesting Department Approval: *Joel Hy* Title: _____ Date: _____

Finance Department Approval: *Susan Hy* Date: 1-18-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Resolution requesting a budget increase to the Jail Operations Fund (518) / Adult Facility

SANTA FE COUNTY

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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
518	1860	426	2005	Employee Benefits / Healthcare	3,555	
518	1860	426	2006	Employee Benefits / Retiree Healthcare	270	
518	1860	426	2008	Employee Benefits / Workers Comp.	4	
518	1860	426	3005	Travel / Gas & Oil	500	
518	1860	426	6001	Supplies / Inventory Exempt	1,380	
518	1860	426	6007	Supplies / Office Supplies	1,200	
518	1860	426	7003	Other Operating Costs / Telephone	330	
518	1860	426	8003	Capital Purchases / Equipment & Machinery	6,000	
TOTAL (if SUBTOTAL, check here)					39,500	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Parrish Dept/Div: Corrections Phone No.: 424-5602

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 Corrections / Adult Facility budget by \$39,500. The purpose of this request is to establish budget for a Compliance Coordinator position as well as operating expenses utilizing revenues from the St. Vincent's memorandum of agreement for medical services to address the issues with the Department of Justice. This FTE was approved by the Board of County Commissioners at the October 26, 2004 BCC Meeting.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
During the fiscal year 2005 budget preparation, there was no agreement completed by the Department of Justice and Santa Fe County. The terms were finalized in October 2004, therefore creating the need for a Compliance Coordinator.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
The term of the agreement with the DOJ is for three years but could end earlier if compliance is shown with all the items.
- 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.
This is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Parrish Dept/Div: Corrections Phone No.: 424-5602

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.
The requested amount for capital purchases will be used to purchase (2) computers.
- 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 establishes budget for a (1) FTE Compliance Coordinator approved by the Board of Commissioners at the October 26, 2004 BCC Meeting.

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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 25th Day of January 2005.

Santa Fe Board of County Commissioners

Michael Anaya
Michael Anaya, Chairperson



ATTEST:

Valerie Espinoza

Valerie Espinoza, County Clerk



Approved As To Form.

By *Stephen Ross*
for Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BOC RESOLUTIONS
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I HEREBY Certify That This Instrument Was Filed for
Recording On The 16TH Day Of January A.D. 2005 at 11:45
A.M. Was Daily Recorded as Indicated in RECORDED
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

Marcella Rojas