

SANTA FE COUNTY

RESOLUTION 2005 - 16

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 / Adolescent Residence Center 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	1872	341	0601	Charges for Services / Care of Prisoners	335,000	
TOTAL (if SUBTOTAL, check here)					335,000	

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
518	1872	426	1022	Salary & Wages / Permanent Employees	173,118	
518	1872	426	1025	Salary & Wages / Overtime	7,780	
518	1872	426	2001	Employee Benefits / FICA - Regular	11,216	
518	1872	426	2002	Employee Benefits / FICA - Medicare	2,624	
518	1872	426	2003	Employee Benefits / Retirement Contributions	32,909	
TOTAL (if SUBTOTAL, check here X)					227,647	

Requesting Department Approval: [Signature] Title: _____ Date: _____

Finance Department Approval: [Signature] Date: 1/18/05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Resolution requesting a budget increase to the Jail Operations Fund (518) / Adolescent Residence Center

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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	1872	426	2005	Employee Benefits / Healthcare	20,356	
518	1872	426	2006	Employee Benefits / Retiree Healthcare	2,251	
518	1872	426	2008	Employee Benefits / Workers Comp.	68	
518	1872	426	3001	Travel / In State Mileage & Fares	225	
518	1872	426	3003	Travel / In State Meals & Lodging	780	
518	1872	426	3004	Travel / Out of State Meals & Lodging	600	
518	1872	426	3005	Travel / Gas & Oil	645	
518	1872	426	4001	Maintenance / Buildings & Structures	3,000	
518	1872	426	4004	Maintenance / Vehicles	600	
518	1872	426	4006	Maintenance / Equipment	2,250	
518	1872	426	4007	Maintenance / Supplies	1,375	
518	1872	426	4008	Maintenance / Laundry / Dry Cleaning	689	
518	1872	426	5003	Contractual Services / Professional Services	41,778	
518	1872	426	5090	Contractual Services / Other Contractual Services	4,621	
518	1872	426	6003	Supplies / Uniform / Linen Purchase	1,975	
518	1872	426	6005	Supplies / Non-Capital Med & Lab	1,875	
518	1872	426	6007	Supplies / Office Supplies	1,075	
TOTAL (if SUBTOTAL, check here X)					84,163	

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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	1872	426	6008	Supplies / Field Supplies	2,300	
518	1872	426	6009	Supplies / Educational Supplies	250	
518	1872	426	6010	Supplies / Recreational Supplies	250	
518	1872	426	7003	Other Operating Costs / Telephone	75	
518	1872	426	7004	Other Operating Costs / Electricity	3,438	
518	1872	426	7005	Other Operating Costs / Gas & Heating	3,438	
518	1872	426	7006	Other Operating Costs / Garbage & Sewer	3,438	
518	1872	426	7007	Other Operating Costs / Water	3,438	
518	1872	426	7013	Other Operating Costs / Property / Liability Insur.	3,000	
518	1872	426	7015	Other Operating Costs / Property Insurance	1,500	
518	1872	426	7033	Other Operating Costs / Seminars & Workshops	2,063	
TOTAL (if SUBTOTAL, check here)					335,000	

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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 establishes a budget to provide a non-secure residential treatment center for the Bureau of Prisons to house approximately 17 juveniles and provide a step-down program as reintegration into the community.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
The agreement with the Bureau of Prisons was finalized after the fiscal year 2005 operating budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
The agreement with the Bureau of Prisons is for five years.
- 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.
The contract with the Bureau of Prisons was approved by the Board of County Commissioners at the November 9, 2004 BCC Meeting.
 - 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 increases the number of FTEs for the Corrections Department by 21.5 permanent positions for the Adolescent Residence Center.

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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

BCC RESOLUTION
PAGES: 6

I hereby certify that this instrument was filed for
Recording on this 25th Day of January, A.D. 2005 at 4:44
P.M. and duly recorded as Instrument # **128461**
in the Records of Santa Fe County

Marcella
Deputy County Clerk Santa Fe, NM