

SANTA FE COUNTY

RESOLUTION 2005 - 17

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 / Day Reporting Assessment 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	1873	371	1600	State Grants	73,927	
<b>TOTAL (if SUBTOTAL, check here )</b>					73,927	

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	1873	426	1026	Salary & Wages / Term Employees	43,334	
518	1873	426	2001	Employee Benefits / FICA - Regular	2,687	
518	1873	426	2002	Employee Benefits / FICA - Medicare	628	
518	1873	426	2003	Employee Benefits / Retirement Contributions	8,238	
<b>TOTAL (if SUBTOTAL, check here X )</b>					54,887	

Requesting Department Approval: *Jack Dwyer* Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Finance Department Approval: *Susan J. Lewis* Date: 1/18/05 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution requesting a budget increase to the Jail Operations Fund (518) / Day Reporting Assessment Center

**SANTA FE COUNTY**

**RESOLUTION 2005 - 17**

**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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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	1873	426	2005	Employee Benefits / Healthcare	3,484	
518	1873	426	2006	Employee Benefits / Retiree Healthcare	563	
518	1873	426	3001	Travel / In State Mileage & Fares	150	
518	1873	426	3004	Travel / Out of State Meals & Lodging	150	
518	1873	426	3005	Travel / Gas & Oil	150	
518	1873	426	4004	Maintenance / Vehicles	150	
518	1873	426	4006	Maintenance / Equipment	105	
518	1873	426	4007	Maintenance / Supplies	225	
518	1873	426	5090	Contractual Services / Other Contractual Services	4,213	
518	1873	426	6005	Supplies / Med & Lab Supplies	300	
518	1873	426	6007	Supplies / Office Supplies	1,200	
518	1873	426	6008	Supplies / Field Supplies	225	
518	1873	426	6009	Supplies / Educational Supplies	300	
518	1873	426	6010	Supplies / Recreational Supplies	150	
<b>TOTAL (if SUBTOTAL, check here X )</b>					<b>11,365</b>	

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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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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	1873	426	7001	Other Operating Costs / Rent of Equipment	225	
518	1873	426	7003	Other Operating Costs / Telephone	150	
518	1873	426	7004	Other Operating Costs / Electricity	375	
518	1873	426	7005	Other Operating Costs / Gas & Heating	525	
518	1873	426	7006	Other Operating Costs / Garbage & Sewer	450	
518	1873	426	7007	Other Operating Costs / Water	525	
518	1873	426	7011	Other Operating Costs / Auto Insurance	300	
518	1873	426	7013	Other Operating Costs / Property / Liab. Insurance	300	
518	1873	426	7033	Other Operating Costs / Seminars & Workshops	100	
518	1873	426	7036	Other Operating Costs / Postage & Mail	150	
518	1873	426	7037	Other Operating Costs / Printing & Publishing	100	
518	1873	426	7039	Other Operating Costs / Subscriptions & Dues	25	
518	1873	426	7046	Other Operating Costs / Enforcement Prof. Liab.	300	
518	1873	426	7090	Other Operating Costs / Misc. Operating Costs	150	
518	1873	426	8003	Capital Purchases / Equipment & Machinery	4,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					73,927	

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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 for a "Juvenile Day Reporting Center for the 1<sup>st</sup> Judicial District" from a grant awarded through the New Mexico Children, Youth and Families Department. The program will serve as an alternative to secure detention of Juveniles in the three counties that comprise the First Judicial District and will operate at the Santa Fe County Youth Development Center.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?  
This grant was awarded 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?  
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 or federal grant.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.  
\$200,000 grant awarded through the New Mexico Children, Youth and Families Department for Juvenile Day Reporting Center for the 1<sup>st</sup> Judicial District

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**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.  
These funds require an approximate 10% cash match which will come from the existing Juvenile and Electronic Monitoring programs.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
The amount requested for capital will be used to purchase a metal detector.
- 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 4.5 term positions as follows:
  - 1.0 FTE – Life Skills Worker I
  - 1.0 FTE – Day Reporting Supervisor
  - 1.0 FTE – Therapist
  - 0.5 FTE – GED Teacher
  - 1.0 FTE – Court Liaison / Case Manager

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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 25<sup>th</sup> Day of January 2005.

Santa Fe Board of County Commissioners

*Michael Anaya*  
Michael Anaya, Chairperson



*Valerie Espinoza*  
Valerie Espinoza, County Clerk



Approved As To Form.

By *Sophia Collins*  
for Stephen Ross, County Attorney

COUNTY OF SANTA FE	1	BOD RESOLUTIONS
STATE OF NEW MEXICO	155	PAGES 6
I hereby certify that this instrument was given to me and recorded on the 25th Day of January, A.D. 2005 at the Annual Daily Recorder's Office for <u>Santa Fe County</u> of the Records of Santa Fe County.		
Witness My Hand And Seal of Office		Valerie Espinoza,
<i>Marcella Lopez</i>		County Clerk Santa Fe, NM