

SANTA FE COUNTY

RESOLUTION 2006 - 132

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 22, 2006, did request the following budget adjustment:

Department / Division: County Sheriff / Region III Fund Name: General Fund (101)

Budget Adjustment Type: Budget Increase Fiscal Year: 2007 (July 1, 2006 - June 30, 2007)

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 Grant / Region III	12,737.94	
TOTAL (if SUBTOTAL, check here)					12,737.94	

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	679.69	
101	1204	425	1026	Salary & Wages / Term Employees	44.99	
101	1204	425	4006	Maintenance / Equipment	506.49	
101	1204	425	5003	Contractual Services / Professional Services	50.20	
TOTAL (if SUBTOTAL, check here X)					1,281.37	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 8-8-06

Finance Department Approval: [Signature] Date: 8/10/06 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	5090	Contractual Services / Other Contractual Services	3,982.49	
101	1204	425	6007	Supplies / Office Supplies	271.21	
101	1204	425	6008	Supplies / Field Supplies	518.62	
101	1204	425	7042	Other Operating Costs / Sheriff's Expense	2,500.00	
101	1204	425	7090	Other Operating Costs / Misc. Operating Costs	3,294.25	
101	1204	425	8003	Capital Purchases / Equipment & Machinery	890.00	
TOTAL (if SUBTOTAL, check here)					12,737.94	

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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 budgets \$12,737.94 of grant balance from fiscal year 2006 for the Region III Drug Task Force awarded by the Justice Assistance Grant Program through the New Mexico Department of Public Safety. The Region III grant is on a federal fiscal year from October 2005 through September 2006 and this balance will be expended in the last quarter of the grant period.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
An estimated budget was included in the fiscal year 2007 operating budget for the period of July 1, 2006 through September 30, 2006. This request brings forward the actual balance available at the end of fiscal year 2006.

- 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.
Region III Grant #05-JAG-PPA 02-Region III-FY06 Amount: \$240,000
Effective: October 1, 2005 - September 30, 2006

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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.
The requested amount for capital purchases will be used to purchase a utility box and a bed liner for a new vehicle purchased for the Region III program.
- 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 22nd Day of August, 2006.

Santa Fe Board of County Commissioners

[Signature]
Harry Montoya, Chairperson

ATTEST
[Signature]
Valerie Espinoza, County Clerk



Approved As To Form.

By *[Signature]*
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 23RD Day Of August, A.D., 2006 at 11:39
And Was Duly Recorded as Instrument # 1447802
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy *[Signature]* Valerie Espinoza
County Clerk, Santa Fe, NM