

SANTA FE COUNTY

RESOLUTION 2006 - 178

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

Whereas, the Board of County Commissioners meeting in regular session on October 31, 2006, did request the following budget adjustment:

Department / Division: Corrections/Day Reporting Program Fund Name: Day Reporting

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

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXX	ACTIVITY BASE/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
518	1873	371	1600	State Grant (CYFD)	\$115,000.00	
TOTAL (if SUBTOTAL, check here)					\$115,000.00	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXX	ACTIVITY BASE/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
518	1873	426	10/1026	Temp Employees	\$66,692.00	
518	1873	426	20/2001	FICA - Regular	\$6,445.00	
518	1873	426	20/2003	PERA	\$16,017.00	
518	1873	426	20/2005	Group Insurance	\$6,774.00	
518	1873	426	20/2006	Retiree Health Care Contributions	\$1,095.00	
518	1873	426	20/2008	Worker's Comp	\$24.00	
518	1873	426	30/3001	In State Mileage & Fares	\$337.50	
518	1873	426	30/3003	In State Meals & Lodging	\$337.50	
518	1873	426	50/5090	Other Contractual Services	\$14,673.00	
518	1873	426	60/6007	Office Supplies	\$753.00	
518	1873	426	60/6009	Educational Supplies	\$1,500.00	
518	1873	426	70/7003	Telephone	\$352.00	
TOTAL (if SUBTOTAL, check here X)					\$115,000.00	

Requesting Department Approval: Greg Parnell Title: Deputy Director Date: 10/24/2006
 Finance Department Approval: Wanda D. Priddy Date: 10/24/06 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Parrish

Dept/Div: Corrections

Phone No.: 424-5600

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 is to budget the grant received from the Children, Youth and Families Department.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
Grant received October 16, 2006.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
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:
State or federal funds (CYFD Grant).
 - a) If this is a state special appropriation, cite statute and attach a copy.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
Agreement #07-690-3053

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DEPARTMENT CONTACT:

Name: Greg Parrish

Dept/Div: Corrections

Phone No.: 424-5600

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.
\$20,000 Match from St. Vincent Grant for Detention Alternative Programming.

- 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.
The requested amount for salaries and benefits will be to fund the following positions for the Day Reporting program:
 - (1) Supervisor
 - (1) Case Manager
 - (2) Life Skills Worker I

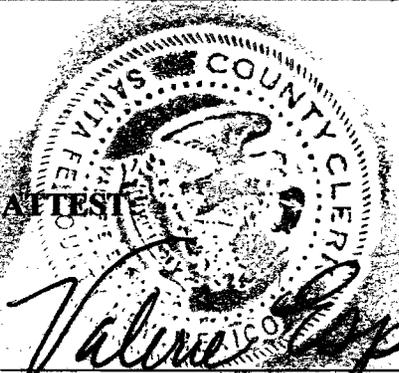
SANTA FE COUNTY

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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 31st day of October 2006.

Santa Fe Board of County Commissioners



Signature of Harry Montoya, Chairperson

Harry Montoya, Chairperson

Valerie Espinoza, County Clerk



Approved As To Form.

By [Signature] Stephen Ross, County Attorney

Notary box containing: COUNTY OF SANTA FE, STATE OF NEW MEXICO, BCC RESOLUTIONS, PAGES: 4, I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day Of November, A.D., 2006 at 11:42 And Was Duly Recorded as Instrument # 1457571 Of The Records Of Santa Fe County, Witness My Hand And Seal Of Office Valerie Espinoza, Deputy County Clerk, Santa Fe, NM