

SANTA FE COUNTY

SEC. CLERK RECORDED 04/06/2006

RESOLUTION 2006 - 46

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

Whereas, the Board of County Commissioners meeting in regular session on March 28, 2006, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Decrease Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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 Grant (CYFD)		\$40,982.00
518	1873	380	0101	Joint Powers Agreement/City of Santa Fe Match	\$18,000.00	
518	0000	385	0500	Budgeted Cash /County Match	\$2,000.00	
TOTAL (if SUBTOTAL, check here)					\$20,000.00	\$40,982.00

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	10/1026	Temp Employees		\$16,896.00
518	1873	426	20/2001	FICA - Regular		\$1,164.00
518	1873	426	20/2002	FICA - Medicare		\$272.00
518	1873	426	20/2003	Retirement		\$3,299.00
518	1873	426	20/2005	HealthCare		\$7,821.00
518	1873	426	20/2006	Retirement HealthCare		\$225.00
TOTAL (if SUBTOTAL, check here X)						\$29,677.00

Requesting Department Approval: Gary Paul Title: Director Date: 2/21/2006

Finance Department Approval: [Signature] Date: 3/2/06 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
518	1873	426	30/3004	Out of State Meals & Lodging		\$900.00
518	1873	426	30/3005	Gas & Oil		\$500.00
518	1873	426	30/3001	In State Mileage & Fares	\$300.00	
518	1873	426	30/3003	In State Meals & Lodging	\$600.00	
518	1873	426	40/4004	Maintenance Vehicle		\$500.00
518	1873	426	40/4006	Maintenance Equipment		\$500.00
518	1873	426	40/4007	Maintenance Supplies		\$500.00
518	1873	426	50/5090	Other Contractual Services	\$35.00	
518	1873	426	60/6001	Inventory Exempt		\$115.00
518	1873	426	60/6005	Non Capital Med & Lab		\$500.00
518	1873	426	60/6007	Office Supplies	\$315.00	
518	1873	426	60/6008	Field Supplies		\$500.00
518	1873	426	60/6009	Educational Supplies		\$300.00
518	1873	426	60/6010	Recreational Supplies		\$300.00
518	1873	426	70/7001	Rent of Equipment & Machinery		\$1,000.00
518	1873	426	70/7003	Telephone	\$210.00	
518	1873	426	70/7004	Electricity		\$975.00
518	1873	426	70/7005	Gas & Heating Costs		\$1,365.00
518	1873	426	70/7006	Garbage & Sewer		\$1,170.00
TOTAL (if SUBTOTAL, check here X)					\$1,460.00	\$9,125.00

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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	1873	426	70/7007	Water		\$1,365.00
518	1873	426	70/7011	Auto Insurance		\$780.00
518	1873	426	70/7013	Property/Liability Insurance		\$780.00
518	1873	426	70/7033	Seminars & Workshops		\$300.00
518	1873	426	70/7036	Postage & Mail	\$500.00	
518	1873	426	70/7037	Printing/Publishing		\$300.00
518	1873	426	70/7039	Subscriptions & Dues		\$425.00
518	1873	426	70/7090	Misc.	\$20,100.00	
518	1873	426	80/8003	Equipment & Machinery	\$490.00	
518	1873	426	70/7046	Law Enforcement Prof. Liability		\$780.00
TOTAL (if SUBTOTAL, check here)					\$22,550.00	\$43,532

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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 re-align the FY06 budget with the approved grant award.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
Unknown what the grant balance was when current budget was prepared

- 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 #05-690-7000-7151

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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.

 - d) Please identify other funding sources that can be used to match this request.
\$18,000 Match from the City of Santa Fe and \$2,000 Match from Santa Fe County

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
These monies will be used to purchase computers for staff.

- 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.

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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 28th day of March 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) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 6TH Day Of April, A.D., 2006 at 14.56
And Was Duly Recorded as Instrument # 1427710
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
[Signature] Valerie Espinoza
Deputy County Clerk, Santa Fe, NM