

SANTA FE COUNTY

RESOLUTION 2006 - 51

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: County Sheriff Fund Name: General Fund

Budget Adjustment Type: Budget Increase 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
101	1201	360	0200	Insurance Recoveries	11,000	
TOTAL (if SUBTOTAL, check here)					11,000	

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
101	1201	424	8009	Capital Purchases / Vehicles	11,000	
TOTAL (if SUBTOTAL, check here)					11,000	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 3-10-06
 Finance Department Approval: [Signature] Date: 3/21/06 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano Dept/Div: County Sheriff Phone No.: 986-2455

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 insurance recovery revenue received by the Sheriff's office for the total loss payout on a 2004 Crown Victoria patrol vehicle.
- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
This revenue was received after the fiscal year 2006 operating budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase should be 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.
This is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano Dept/Div: County Sheriff Phone No.: 986-2455

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 will be used to supplement the purchase of a patrol vehicle for the Sheriff's Office
- 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 28th Day of March, 2006.

Santa Fe Board of County Commissioners



[Handwritten Signature]
Harry Montoya, Chairperson

ATTEST:

[Handwritten Signature]
Valerie Espinoza, County Clerk

Approved As To Form.

By *[Handwritten Signature]*
Stephen Ross, County Attorney



BCC RESOLUTIONS
PAGES: 4
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
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 # 1427715
Of The Records Of Santa Fe County
Attest My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy: *[Handwritten Signature]*