

SANTA FE COUNTY

RESOLUTION 2006 - 91

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

Whereas, the Board of County Commissioners meeting in regular session on May 30, 2006, did request the following budget adjustment:

Department / Division: Sheriff's Department Fund Name: Administrative Office of the Courts

Budget Adjustment Type: Transfer Between Divisions 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	341	1403	Administrative Office of the Courts	\$15,000.00	
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	1201	424	1025	Overtime	\$15,000.00	
TOTAL (if SUBTOTAL, check here)						

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 5-11-06
 Finance Department Approval: [Signature] Date: 5/17/06 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Mandolynne Hopkins Dept/Div: Sheriff's Office Phone No.: 986-2458

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.

Warrants Round Up.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

Had not been awarded at that time.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

Non-recurring. No future impacts.

- 4) Does this request impact a revenue source?

No.

- 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.

State Appropriation MOU attached.

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

N/A

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DEPARTMENT CONTACT:

Name: Mandolynne Hopkins Dept/Div: Sheriff's Office Phone No.: 986-2458

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.

N/A

- d) Please identify other funding sources that can be used to match this request.

N/A

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

N/A

- 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.

No impact.

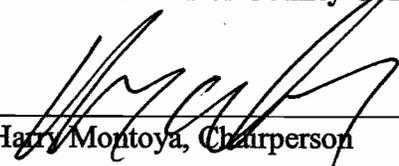
SANTA FE COUNTY

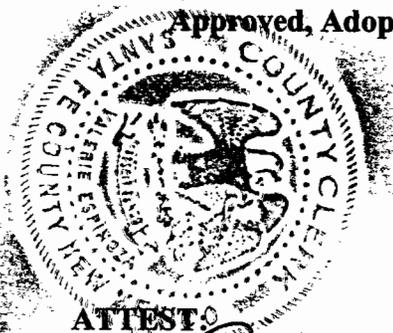
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

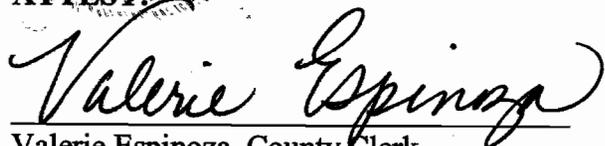
Approved, Adopted, and Passed This 30th Day of May, 2006.

Santa Fe Board of County Commissioners


Harry Montoya, Chairperson



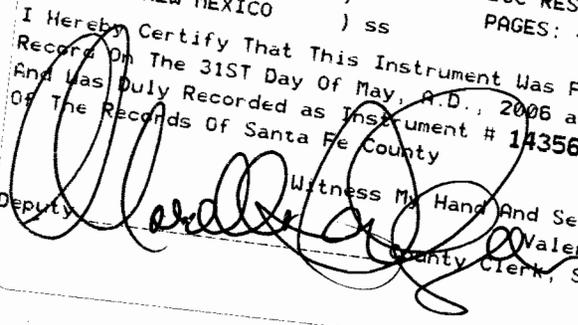
ATTEST:


Valerie Espinoza, County Clerk

Approved As To Form.

By 
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of May, A.D., 2006 at 15:34
And Was Duly Recorded as Instrument # 1435683
Of The Records Of Santa Fe County
Deputy  Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM