

SANTA FE COUNTY

RESOLUTION 2000 - 30

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, 2000, did request the following budget adjustment:

Department / Division: County Sheriff Fund Name: General Fund

Budget Adjustment Type: Budget Transfer Between Departments Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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 <input type="checkbox"/>)						

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	3005	Travel / Gas & Oil	65,000	
101	1201	424	4004	Maintenance / Vehicle	9,700	
101	1201	424	3007	Travel / Out of State Extraditions	12,000	
101	9015	412	5090	Contractual Services / Other Contractual Services		9,700
101	9001	412	3005	Travel / Gas & Oil		328
101	9001	412	4001	Maintenance / Buildings & Structures		27
101	9001	412	4003	Maintenance / Grounds & Roadways		93
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					86,700	10,148

Requesting Department Approval: *Raymond A. Lusani* Title: SHERIFF Date: 3/15/2000

Finance Department Approval: *Katherine Miller* Date: 3-22-00 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 3-27-00

1749727

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1749728

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	9001	412	4006	Maintenance / Equipment		300
101	9002	412	3005	Travel / Gas & Oil		125
101	9002	412	7001	Other Operating Costs / Rent of Equipment		200
101	9002	412	7003	Other Operating Costs / Telephone		106
101	9002	412	7039	Other Operating Costs / Subscriptions & Dues		884
101	9003	412	3004	Travel / Out of State Meals & Lodging		31
101	9003	412	3005	Travel / Gas & Oil		83
101	9003	412	6001	Supplies / Inventory Exempt		55
101	9003	412	6007	Supplies / Office Supplies		20
101	9003	412	7001	Other Operating Costs / Rent of Equipment		246
101	9004	412	4006	Maintenance / Equipment		92
101	9004	412	5090	Contractual Services / Other Contractual Services		230
101	9004	412	6007	Supplies / Office Supplies		62
101	9004	412	7001	Other Operating Costs / Rent of Equipment		586
101	9004	412	7003	Other Operating Costs / Telephone		5
101	9004	412	7033	Other Operating Costs / Seminars & Workshops		11
101	9004	412	7037	Other Operating Costs / Printing & Publishing		125
101	9004	412	7040	Other Operating Costs / Medical Services		863
101	9006	443	5090	Contractual Services / Other Contractual Services		47,319
101	9012	425	7003	Other Operating Costs / Telephones		13,209
TOTAL (if SUBTOTAL, check here X)						74,700

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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	9008	421	3004	Travel / Out of State Meals & Lodging		234
101	9008	421	3005	Travel / Gas & Oil		706
101	9008	421	4001	Maintenance / Buildings & Structures		630
101	9008	421	4002	Maintenance / Contracts		624
101	9008	421	4006	Maintenance / Equipment		743
101	9008	421	6001	Supplies / Inventory Exempt		274
101	9008	421	6005	Supplies / Non-Capital Med & Lab Supplies		778
101	9008	421	7003	Other Operating Costs / Telephone		188
101	9008	421	7005	Other Operating Costs / Gas & Heating Costs		496
101	9009	417	4006	Maintenance / Equipment		370
101	9010	418	3002	Travel / Out of State Mileage & Fares		628
101	9011	413	4006	Maintenance / Equipment		178
101	9012	425	7001	Other Operating Costs / Rent of Equipment		1,605
101	9012	425	7040	Other Operating Costs / Medical Services		1,143
101	9012	463	7003	Other Operating Costs / Telephone		1,337
101	9012	463	7005	Other Operating Costs / Gas & Heating Costs		653
101	9012	463	7006	Other Operating Costs / Garbage & Sewer		1,413
TOTAL (if SUBTOTAL, check here)					86,700	86,700

1749729

SANTA FE COUNTY
RESOLUTION 2000 - 30

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Alfred Martinez Dept/Div: Finance Phone No.: 986-6321

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 transfers funds from prior year liquidated encumbrances to the County Sheriff gas & oil and out of state extradition line items to cover projected shortfalls. This request also transfers funds to vehicle maintenance to cover the cost for storage of the Shuttle Jack bus involved in the 1999 accident.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
Funds were included in the FY 2000 Operating Budget for gas & oil. Retail prices for gasoline were only to be paid for a few months and that has been extended for a longer time, thus depleting the budget before the end of the fiscal year.

There is no way to project the number of out of state extraditions that will take place in a fiscal year. The estimated amount included in the Fiscal Year 2000 Operating Budget needs to be increased to cover the remainder of the fiscal year.

It was unknown at the time that the FY 2000 Operating Budget was prepared that this department would have to pay for the storage of the Shuttle Jack bus.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is anticipated to be non-recurring for FY 2000.
- 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.
N/A
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
N/A

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SANTA FE COUNTY
RESOLUTION 2000 - 30

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Alfred Martinez Dept/Div: Finance Phone No.: 986-6321

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 for this request.
- 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.
This request does not have an FTE impact.

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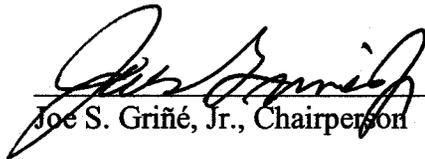
SANTA FE COUNTY

RESOLUTION 2000 - 30

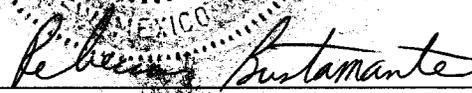
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of March, 2000.

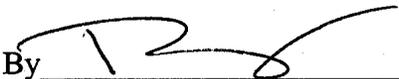
Santa Fe Board of County Commissioners


Joe S. Grifé, Jr., Chairperson

ATTEST:


Rebecca Bustamante, County Clerk

Approved As To Form.

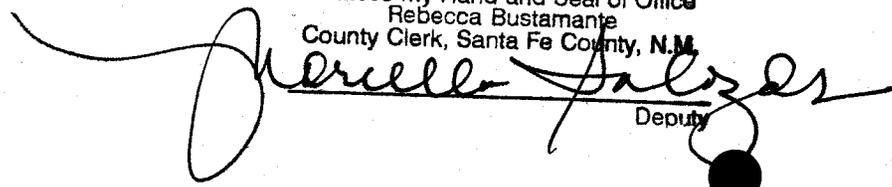
By 
County Attorney



1111. 073

COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO }
I hereby certify that this instrument was filed
for record on the 29 day of May A.D.
20 00, at 9:23 o'clock a.m
and was duly recorded in book 1749
page 727-732 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy

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