

SANTA FE COUNTY

RESOLUTION 2000 - 80

1790523

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

Whereas, the Board of County Commissioners meeting in regular session on July 25, 2000, did request the following budget adjustment:

Department / Division: Region 3 (DCSI) Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

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	1204	372	0800	Federal Grant-Region 3/DCSI	8,344.00	
TOTAL (if SUBTOTAL, check here)					8,344.00	

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
101	1204	425	10-22	Salary & Wages/Permanent Employee		10,000.00
101	1204	425	10-25	Salary & Wages/Overtime	1,500.00	
101	1204	425	10-26	Salary & Wages/Term Employees	2,000.00	
101	1204	425	20-01	Employee Benefits/FICA-Regular		500.00
TOTAL (if SUBTOTAL, check here XX)					3,500.00	10,500.00

Requesting Department Approval: [Signature] Title: County Sheriff Date: 7-12-00

Finance Department Approval: [Signature] Date: 7-18-00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 7-25-00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1204	425	30-01	Travel/In-State Mileage & Fares		4,500.00
101	1204	425	30-03	Travel/In-State Meals & Lodging		800.00
101	1204	425	30-04	Travel/Out-Of-State Meal & Lodging	500.00	
101	1204	425	30-05	Travel/Gas & Oil	156.00	
101	1204	425	40-01	Maintenance/Building & Structures	1,000.00	
101	1204	425	40-06	Maintenance/Equipment Maintenance	900.00	
101	1204	425	40-04	Maintenance/Vehicles		480.00
101	1204	425	40-07	Maintenance/Supplies-Janitorial	800.00	
101	1204	425	50-90	Contractual Services/Other Contractual Services	3,050.00	
101	1204	425	60-07	Supplies/Office Supplies		1,700.00
101	1204	425	60-08	Supplies/Field Supplies	400.00	
101	1204	425	70-33	Other Operating Costs/Seminars-Tuition	1,300.00	
101	1204	425	70-02	Other Operating Costs/Rent of Land-Building		6,265.00
101	1204	425	70-03	Other Operating Costs/Telephone	15,385.00	
101	1204	425	70-04	Other Operating Costs/Electricity		7,120.00
TOTAL (if SUBTOTAL, check here XX)					23,491.00	31,365.00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1204	425	70-36	Other Operating Costs/Postage & Mail Service	300.00	
101	1204	425	70-42	Other Operating Costs/Sheriff Expense		11,000.00
101	1204	425	70-90	Other Operating Costs/Misc.	418.00	
101	1204	425	80-09	Capital Purchase/Vehicles	19,500.00	
101	1204	425	70-04	Other Operating Costs/Electricity	3,500.00	
TOTAL (if SUBTOTAL, check here)					50,709.00	42,365.00

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SANTA FE COUNTY
RESOLUTION 2000 - 90

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Raymond L. Sisneros Dept/Div: Sheriff Department Phone No.: 986-2400

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 increases the present estimated Region 3 budget. Region 3 was awarded more than what was estimated and we need to equal the amounts.
- 2) **Why was this request not included in the Fiscal Year 1999 Operating Budget?**
An amount was estimated at \$243,715.00, but the actual amount given is \$252,059.00 leaving a 8,344.00.
- 3) **Is the transfer recurring or non-recurring and what are the future funding impacts of this request?**
This request is non-recurring. Future funding is unknown at this time.
- 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 a federal grant. Grant name is "Region 3-DCSI". Total award is \$252,059 (see attached). Other documentation is forthcoming.

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DEPARTMENT CONTACT:

Name: Raymond L. Sisneros Dept/Div: Sheriff Department Phone No.: 986-2400

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 the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request. There are no other available funds 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 increase the Capital Purchase category. Region 3 was awarded money through their Grant but County did not include it. This money will purchase a vehicle for the Region 3 coordinator.
- 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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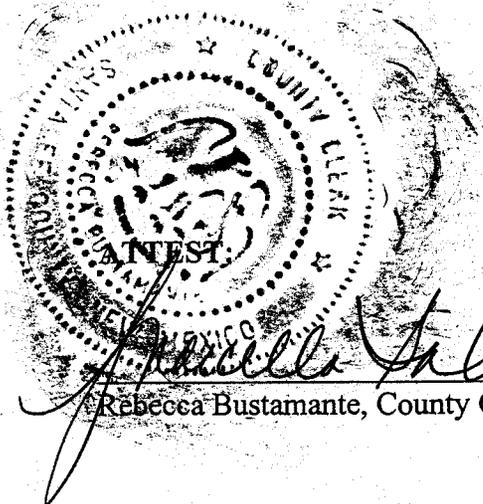
1790528

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 25th Day of July, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairperson



Rebecca Bustamante for:
Rebecca Bustamante, County Clerk

Approved As To Form.

By Barbara Mulvaney for
Barbara Mulvaney, Acting County Attorney

1124 219
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 26 day of July, A.D.
20 00, at 1:09 o'clock Pm
and was duly recorded in book 1790
page 523-528 of the records of

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