

SANTA FE COUNTY
RESOLUTION 2003 - 08

2327457

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

Whereas, the Board of County Commissioners meeting in regular session on January 28, 2003, did request the following budget adjustment:

Department / Division: County Sheriff / Region III Program Income Fund Name: General Fund and Federal Forfeiture Fund

Budget Adjustment Type: Budget Increases Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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	1205	350	0400	Fines & Forfeitures / Court Settlements	918	
225	1205	385	0300	Budgeted Cash / Federal Funds	12,322	
225	1205	350	0300	Fines & Forfeitures / Other Fines & Forfeitures	2,362	
TOTAL (if SUBTOTAL, check here)					15,602	

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	1205	425	8099	Capital Purchases / Inventory Exempt	918	
225	1205	425	1026	Salary & Wages / Term Employees	2,000	
225	1205	425	2001	Employee Benefits / FICA - Regular	124	
225	1205	425	2002	Employee Benefits / FICA - Medicare	29	
225	1205	425	2003	Employee Benefits / Retirement Contributions	421	
TOTAL (if SUBTOTAL, check here)					3,492	

Requesting Department Approval: [Signature] Title: Sheriff Date: 1-14-2003
 Finance Department Approval: [Signature] Date: 1/21/03 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

2327468

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASE/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 BASE/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY /LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
225	1205	425	2006	Employee Benefits / Retiree Healthcare	26	
225	1205	425	4001	Maintenance / Buildings & Structures	1,200	
225	1205	425	4002	Maintenance / Contracts	2,000	
225	1205	425	4009	Maintenance / Services	1,000	
225	1205	425	4010	Maintenance / Pest Control	500	
225	1205	425	6007	Supplies / Office Supplies	6,000	
225	1205	425	8003	Capital Purchases / Equipment & Machinery	1,384	
TOTAL (if SUBTOTAL, check here _____)					15,602	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez Dept/Div: Sheriff / Region III Phone No.: 473-7021

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 federal forfeiture proceedings and restitutions related to Region III program court settlements received in fiscal year 2002 and fiscal year 2003.
- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
These forfeiture proceedings were received after the fiscal year 2003 budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This request may be recurring depending on funds that may be forfeited to the County as a result of Region III program court settlements. Forfeitures will be budgeted as needed for the Region III program.
- 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:
This request increases Region III forfeitures.
 - 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.

2327470

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez Dept/Div: Sheriff / Region III Phone No.: 473-7021

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.
LCD flat screen monitors will be purchased.
- 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 supports a Term FTE, but has no other FTE impact.

2327471

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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 January, 2003.

Santa Fe Board of County Commissioners

Jack Sullivan
Jack Sullivan, Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

for *Monica Quiñero*
County Attorney



1246 448
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF Jan A.D.
20 03 AT 1:08 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2327
PAGE 467-471 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