

SANTA FE COUNTY
RESOLUTION 2003 - 98

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 29, 2003, did request the following budget adjustment:

Department / Division: County Sheriff / Region III Grant Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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 / Drug Enforcement (Region III)	\$76	
TOTAL (if SUBTOTAL, check here)					\$76	

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	1025	Salary & Wages / Overtime	\$3,699	
101	1204	425	1026	Salary & Wages / Term Employees	\$4,600	
101	1024	425	2001	Employee Benefits / FICA - Regular	\$270	
101	1204	425	2002	Employee Benefits / FICA - Medicare	\$58	
101	1204	425	2003	Employee Benefits / Retirement Contributions	\$860	
101	1204	425	2005	Employee Benefits / Healthcare		\$500
TOTAL (if SUBTOTAL, check here X)					\$9,487	\$500

Requesting Department Approval: [Signature] Title: Sheriff Date: 7-17-03
 Finance Department Approval: [Signature] Date: 7/23/03 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

2604368

2604369

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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	1204	425	2006	Employee Benefits / Retiree Healthcare	\$60	
101	1204	425	3001	Travel / In State Mileage & Fares		\$600
101	1204	425	3003	Travel / In State Meals & Lodging		\$175
101	1204	425	3004	Travel / Out of State Meals & Lodging		\$700
101	1204	425	3005	Travel / Gas & Oil	\$100	
101	1204	425	4002	Maintenance / Contracts	\$2,102	
101	1204	425	4006	Maintenance / Equipment		\$2,100
101	1204	425	4007	Maintenance / Supplies	\$130	
101	1204	425	4009	Maintenance / Services	\$2,280	
101	1204	425	5003	Contractual Services / Professional Services	\$750	
101	1204	425	5090	Contractual Services / Other Contractual Services	\$1,622	
101	1204	425	6001	Supplies / Inventory Exempt	\$500	
101	1204	425	6003	Supplies / Uniforms	\$270	
101	1204	425	6005	Supplies / Med & Lab Supplies	\$41	
101	1204	425	6007	Supplies / Office Supplies		\$100
TOTAL (if SUBTOTAL, check here X)					\$7,855	\$3,675

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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	1204	425	6008	Supplies / Field Supplies	\$230	
101	1204	425	7003	Other Operating Costs / Telephone		\$11,467
101	1204	425	7004	Other Operating Costs / Electricity	\$600	
101	1204	425	7005	Other Operating Costs / Gas & Heating Costs		\$950
101	1204	425	7007	Other Operating Costs / Water	\$200	
101	1204	425	7033	Other Operating Costs / Seminars & Workshops		\$150
101	1204	425	7036	Other Operating Costs / Postage & Mail	\$50	
101	1204	425	7040	Other Operating Costs / Medical Services		\$600
101	1204	425	7090	Other Operating Costs / Misc. Operating Costs	\$4	
101	1204	425	8009	Capital Purchases / Vehicles	\$215	
101	1204	425	8099	Capital Purchases / Inventory Exempt		\$1,223
TOTAL (if SUBTOTAL, check here)					\$18,641	\$18,565
NET INCREASE TO EXPENDITURES (\$18,641 Increase Less \$18,565 Decrease)					\$76	

2604371

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez **Dept/Div:** County 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 increases the budget to the actual grant amount awarded for the Region III Drug Task Force from the New Mexico Department of Public Safety for expenditure in fiscal year 2004.
- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?
The grant amount was estimated when the fiscal year 2004 operating budget was prepared. This request increases the budget for the actual award amount.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is 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.
Region III Grant #03-MJTF-REGIII Amount: \$307,600
Effective Date: July 1, 2003

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2604372 ATTACH ADDITIONAL SHEETS IF NECESSARY.
DEPARTMENT CONTACT:

Name: Ralph Lopez Dept/Div: County 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.
The grant award will be presented to the Board of County Commission on July 29, 2003 for approval.
 - d) Please identify other funding sources that can be used to match this request.
\$102,533 of salaries for the Santa Fe County Sheriff's Deputies used by this program provides the matching funds required.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
The amount of \$9,442 requested is for the purchase of a vehicle for undercover operations.
- 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.

2604373

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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.

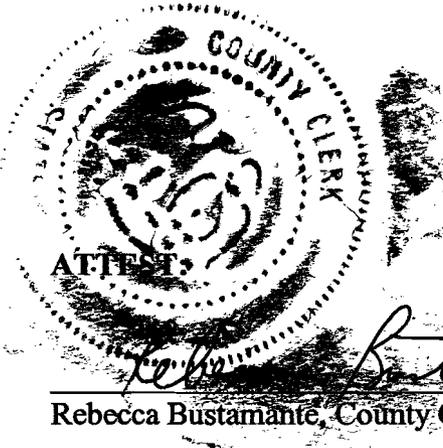
Approved, Adopted, and Passed This 29th Day of July, 2003.

Santa Fe Board of County Commissioners



Jack Sullivan, Chairperson



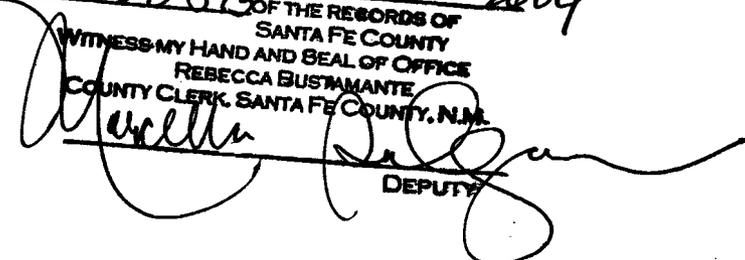

ATTEST:


Rebecca Bustamante, County Clerk

Approved As To Form.

By 

County Attorney

1280.385
COUNTY OF SANTA FE
STATE OF NEW MEXICO] ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF July A.D.
20 03 AT 2:45 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 2604
PAGE 268373 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.


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