SFC CLERK RECORDED 08/17/2004

SANTA FE COUNTY

RESOLUTION 2004 - 90

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

Whereas, the Board of County Commissioners meeting in regular session on August 10, 2004, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	1211	372	0800	Federal Grant / Region III	13,992	
TOTAL (if SUBTOTAL, check here ___)					13,992	

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	1211	425	1025	Salary & Wages / Overtime		457
101	1211	425	1026	Salary & Wages / Term Employees	5,350	
101	1211	425	2001	Employee Benefits / FICA - Regular	288	
101	1211	425	2002	Employee Benefits / FICA - Medicare	67	
TOTAL (if SUBTOTAL, check here X)					5,705	457

Requesting Department Approval: _____ **Title:** _____ **Date:** _____

Finance Department Approval: _____ **Date:** 8/3/04 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

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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	1211	425	2003	Employee Benefits / Retirement Contributions	1,150	
101	1211	425	2005	Employee Benefits / Healthcare	371	
101	1211	425	2006	Employee Benefits / Retiree Healthcare	70	
101	1211	425	2008	Employee Benefits / Workers Comp.	2	
101	1211	425	3004	Travel / Out of State Meals & Lodging		3
101	1211	425	4002	Maintenance / Contracts	4,000	
101	1211	425	4004	Maintenance / Vehicle		1,000
101	1211	425	4007	Maintenance / Supplies		602
101	1211	425	5003	Contractual Services / Professional Services		2,746
101	1211	425	5090	Contractual Services / Other Contractual Services		942
101	1211	425	6003	Supplies / Uniforms	3,000	
101	1211	425	6007	Supplies / Office Supplies	1,000	
101	1211	425	6008	Supplies / Field Supplies	866	
101	1211	425	7003	Other Operating Costs / Telephone		1,661
101	1211	425	7004	Other Operating Costs / Electricity		92
101	1211	425	7005	Other Operating Costs / Gas & Heating Costs		10
TOTAL (if SUBTOTAL, check here X)					10,459	7,056

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RESOLUTION 2004 - 90

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	1211	425	7006	Other Operating Costs / Garbage & Sewer		129
101	1211	425	7007	Other Operating Costs / Water		191
101	1211	425	7008	Other Operating Costs / Insurance	6,218	
101	1211	425	7015	Other Operating Costs / Property Insurance	2,645	
101	1211	425	7036	Other Operating Costs / Postage		124
101	1211	425	7042	Other Operating Costs / Sheriff Expense		1,000
101	1211	425	7090	Other Operating Costs / Misc. Operating Costs	1,540	
101	1211	425	8009	Capital Purchases / Vehicles		3,618
TOTAL (if SUBTOTAL, check here ____)					26,567	12,575

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SANTA FE COUNTY

RESOLUTION 2004 - 90

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Region III **Dept/Div:** County Sheriff **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 the available fiscal year 2004 balance for the Region III Grant awarded through the NM Department of Public Safety for expenditure in fiscal year 2005. The ending period for the fiscal year 2004 grant has been extended from June 30, 2004 to September 30, 2004.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
  The final amount that would be available to carryover was not known when the fiscal year 2005 operating budget was prepared.

- 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-03-RE3 Amount: $307,524
    Effective Date: July 1, 2003 – September 30, 2004

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SANTA FE COUNTY

RESOLUTION 2004 - 90

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Region III **Dept/Div:** County Sheriff **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.
  This request reduces 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 2004 - 90

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 10th Day of August, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

By
Stephen Ross, County Attorney

COUNTY CLERK REBECCA BUSTAMANTE SANTA FE COUNTY NEW MEXICO

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 6

I Hereby Certify That This Instrument Was Filed for Record On The 17TH Day Of August, A D 2004 at 10:41
And Was Duly Recorded as Instrument # [redacted]
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
County Clerk Santa Fe, NM

Deputy