# SANTA FE COUNTY



## RESOLUTION 2005 - 123

**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 30, 2005, did request the following budget adjustment:**

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

Budget Adjustment Type: Budget Decrease  Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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 III | | 197,892 |
| TOTAL (if SUBTOTAL, check here ____) | | | | | | 197,892 |

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 | | 11,500 |
| 101 | 1204 | 425 | 1026 | Salary & Wages / Term Employees | | 24,800 |
| 101 | 1204 | 425 | 2001 | Employee Benefits / FICA – Regular | | 1,032 |
| 101 | 1204 | 425 | 2002 | Employee Benefits / FICA – Medicare | | 59 |
| TOTAL (if SUBTOTAL, check here X) | | | | | | 37,391 |

**Requesting Department Approval:** _____ **Title:** Mgr **Date:** 8-25-05

**Finance Department Approval:** _____ **Date:** 8.19.05 **Entered by:** _____ **Date:** _____

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

SFC CLERK RECORDED 08/31/2005

# SANTA FE COUNTY



## RESOLUTION 2005 - 123

***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 | 2003 | Employee Benefits / Retirement Contributions | | 4,315 |
| 101 | 1204 | 425 | 2006 | Employee Benefits /Retiree Healthcare | | 312 |
| 101 | 1204 | 425 | 3001 | Travel / In State Mileage & Fares | | 128 |
| 101 | 1204 | 425 | 3003 | Travel / In State Meals & Lodging | | 622 |
| 101 | 1204 | 425 | 3004 | Travel / Out of State Meals & Lodging | | 2,900 |
| 101 | 1204 | 425 | 3005 | Travel / Gas & Oil | | 880 |
| 101 | 1204 | 425 | 4002 | Maintenance / Contracts | | 3,315 |
| 101 | 1204 | 425 | 4004 | Maintenance / Vehicles | | 3,500 |
| 101 | 1204 | 425 | 4007 | Maintenance / Supplies | | 1,500 |
| 101 | 1204 | 425 | 4009 | Maintenance / Services | | 2,280 |
| 101 | 1204 | 425 | 5003 | Contractual Services / Professional Services | | 39,465 |
| 101 | 1204 | 425 | 5090 | Contractual Services / Other Contractual Services | | 11,000 |
| 101 | 1204 | 425 | 6005 | Supplies / Med & Lab Supplies | | 500 |
| 101 | 1204 | 425 | 6007 | Supplies / Office Supplies | | 5,000 |
| 101 | 1204 | 425 | 6008 | Supplies / Field Supplies | | 3,700 |
| TOTAL (if SUBTOTAL, check here X ) | | | | | | 79,417 |

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# SANTA FE COUNTY



## RESOLUTION 2005 - 123

***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 | 7003 | Other Operating Costs / Telephone | | 25,669 |
| 101 | 1204 | 425 | 7004 | Other Operating Costs / Electricity | | 2,190 |
| 101 | 1204 | 425 | 7005 | Other Operating Costs / Gas & Heating | | 1,220 |
| 101 | 1204 | 425 | 7006 | Other Operating Costs / Garbage & Sewer | | 260 |
| 101 | 1204 | 425 | 7007 | Other Operating Costs / Water | | 450 |
| 101 | 1204 | 425 | 7008 | Other Operating Costs / Liability Insurance | | 2,250 |
| 101 | 1204 | 425 | 7015 | Other Operating Costs / Property Insurance | | 2,250 |
| 101 | 1204 | 425 | 7033 | Other Operating Costs / Seminars & Workshops | | 1,500 |
| 101 | 1204 | 425 | 7036 | Other Operating Costs / Postage & Mail | | 200 |
| 101 | 1204 | 425 | 7042 | Other Operating Costs / Sheriffs Expense | | 35,000 |
| 101 | 1204 | 425 | 7090 | Other Operating Costs / Misc. | | 10,095 |
| TOTAL (if SUBTOTAL, check here ____) | | | | | | 197,892 |

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# SANTA FE COUNTY

## RESOLUTION 2005 - 123



***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 decrease the operating budget for the County Sheriff / Region III Program. An estimated budget of $251,557 was included in the fiscal year 2006 operating budget until the final grant was awarded. The Region III Program was instead awarded $53,665 for a 90-day extension from the New Mexico Department of Public Safety from July 1, 2005 to September 30, 2005 because the DCSI funding will transition from a state fiscal year to a federal fiscal year. The new Region III grant award will be effective October 1, 2005.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
  An estimated amount was included in the fiscal year 2006 operating budget.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This decrease should be non-recurring for fiscal year 2006.

- 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 Multi-jurisdictional Task Force
    Grant #04-DCSI-PPA 02-REGION III-FY05
    Amount: $53,665
    Effective: July 1, 2005 - September 30, 2005

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# SANTA FE COUNTY



## RESOLUTION 2005 - 123

***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 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 2005 - 123

**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 30th Day of August 2005.**

**Santa Fe Board of County Commissioners**

Michael Anaya, Chairperson

**ATTEST:**

Valerie Espinoza, County Clerk

**Approved As To Form.**

By
Stephen Ross, County Attorney

BCC RESOLUTIONS
COUNTY OF SANTA FE ) PAGES: 6
STATE OF NEW MEXICO ) ss

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of August, A.D. 2005 at 11:01
And Was Duly Recorded as Instrument # 1396087
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM

SFC CLERK RECORDED 08/31/2005