2006 **Santa fe county**

RESOLUTION 2006 - 155

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

Department / Division: Corrections / Adult Facility	Fund Name: <u>Jail Operations Fund (518)</u>
Budget Adjustment Type: Budget Increase	Fiscal Year: _2007 (July 1, 2006 - June 30, 2007)_

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
518	0000	385	0500	Budgeted Cash	591,195	·
TOTAL (i	f SUBTOTAL, ch	eck here)	And the second second		591,195	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY/LINETTEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
518	1860	426	5015	Contractual Services / Software Licenses	129,000	
518	1860	426	6001	Supplies / Inventory Exempt	450	
518	1860	426	8001	Capital Purchases / Buildings & Structures	70,000	
518	1860	426	8003	Capital Purchases / Equipment & Machinery	293,201	· .
518	1860	426	8004	Capital Purchases / Furniture & Fixtures	14,700	
518	1860	426	8007	Capital Purchases / Lease Purchase	4,224	
518	1860	426	8009	Capital Purchases / Vehicles	45,495	i i
518_	1860_	426	8017	Capital Purchases / Medical Equipment	34,125	
TOTAL (i	f SUBTOTAL, ch	eck here)			591,195	

Requesting Department Approval:	Killity	Title:	Llepaty	Ductor	Date: 9-13-06
Finance Department Approval:	marting Date: 9-	14-18	Entered by:_		Date:
County Manager Approval:	Date:				

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

This is not a state or federal grant.

DEPAR	DEPARTMENT CONTACT:				
Name:_	Julian Barela	Dept/Div: <u>Corrections</u>	Phone No.: 428-3215		
	LED JUSTIFICATION FOR REQUEST	ΓING BUDGET ADJUSTMENT (If a	oplicable, cite the following authority: State Statute, gr	ant name and award	
• 1)	Please summarize the request and its purp This request budgets \$591,195 of pri		ash balance for capital equipment expenditures for the Adu	lt Facility.	
• 2)	Why was this request not included in the It was not known what cash balance		uipment when the fiscal year 2007 operating budget was p	repared.	
• 3)	Is the transfer recurring or non-recurring This increase is anticipated to be non	<u> </u>	of this request?		
• 4)		ation, cite statute and attach a copy.	nd, state funds, federal funds, etc.), and address the following	ng:	
	• b) If this is a state or federal grant,	cite grant name, number, award date and	amount.		

SANTA FE COUNTY

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ATTACH	<i>ADDITIONAL</i> .	SHEETS	<i>IF NECESSA</i>	RY

DEFARIMENT CONTACT.			
Name: <u>Julian Barela</u>	Dept/Div: Corrections / Adult	Phone No.: 428-3215	
	•		• .

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):

DEDARTMENT CONTACT.

- 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.

 The requested amount is to purchase medical and kitchen equipment, vehicles, and infrastructure equipment and fixtures for the Adult Facility.
- 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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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.

Santa Fe Board of County Commissioners

Approved, Adopted, and Passed This 26th Day of September, 2006.

Harry Mont

Approved As To Form.

Stephen Ross, County Attorney

alerie Espinoza, County Clerk

COUNTY OF SANTA FE	BCC RESOLUTIONS) PAGES: 4) ss
Record On The 27TH Day	This Instrument Was Filed for y Of September A.B. 2006 at 15:41 as Instrument # 1452529 ta Fe County Witness My Hand And Seal Of Office Valerie Espinoza County Clerk, Santa Fe, NM