

SANTA FE COUNTY

RESOLUTION 2006 - 157

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

Whereas, the Board of County Commissioners meeting in regular session on Sept. 26, 2006, did request the following budget adjustment:Department / Division: Health & Human Services Department/Home for Good JAG Fund Name: Department of JusticeBudget 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 |
|----------------------------------|---------------------------------|------------------------------|----------------------------|-----------------------|--------------------|--------------------|
| 101 | 0473 | 372 | 0901 | Department of Justice | 7,203 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 7,203 | |

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 | 0473 | 465 | 10-26 | Salary & Wages Term Employees | 4790 | |
| 101 | 0473 | 465 | 20-01 | FICA Regular | 284 | |
| 101 | 0473 | 465 | 20-02 | FICA Medicare | 66 | |
| 101 | 0473 | 465 | 20-03 | Retirement Contribution | 910 | |
| TOTAL (if SUBTOTAL, check here X) | | | | | 6,050 | |

Requesting Department Approval: Steve D. Shepherd Title: Director Date: September 7, 2006Finance Department Approval: [Signature] Date: 9-14-06 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 |
|---------------------------------------|---------------------------------|------------------------------|----------------------------|------------------------------|--------------------|--------------------|
| | | | | BALANCE BROUGHT FORWARD | 6,050 | |
| 101 | 0473 | 466 | 20-05 | Health Care | 362 | |
| 101 | 0473 | 466 | 20-06 | Retirement Health Care | 62 | |
| 101 | 0473 | 466 | 60-07 | | 728 | |
| TOTAL (if SUBTOTAL, check here _____) | | | | | 7,202 | |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Monotya **Dept/Div:** Health & Human Services Department/Home for Good Program JAG **Phone No.:** 992-9853

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 Health and Human Services Department/Home for Good Program JAG Project by \$7,202.00. The figure that was used was an estimate; we now have the correct amount.
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
It was included but it was an estimate. 9/3/06
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
No.
- 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.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

This a Federal Grant:

Grant Name: Edward Byrne Memorial/Justice Assistance Grant ((JAG)

Award Date: August 26, 2006

Grant Number: 2005-DJ-BX-0263

Grant Amount: \$88,066.00

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Vidella T. Monotya

Dept/Div: Health & Human Services Department/Home for Good Program JAG

Phone No.: 992-9853

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.

No.
 - d) Please identify other funding sources that can be used to match this request.

Match is in-kind only
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
No.
- 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.
No.

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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 26th Day of September, 2006.

Santa Fe Board of County Commissioners

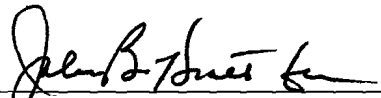

Harry Montoya, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



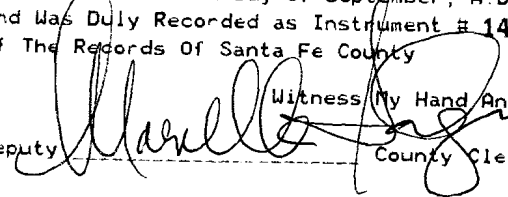
Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of September, A.D., 2006 at 15:41
And Was Duly Recorded as Instrument # 1452531
Of The Records Of Santa Fe County


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