

**SANTA FE COUNTY**  
**RESOLUTION 2006 - 158**

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

Whereas, the Board of County Commissioners meeting in regular session on September 26, 2006, did request the following budget adjustment:

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

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
101	1204	372	0800	Federal Grants / Region III	240,000	
TOTAL (if SUBTOTAL, check here )					240,000	

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	15,000	
101	1204	425	1026	Salary & Wages / Term Employees	34,000	
101	1204	425	2001	Employee Benefits / FICA - Regular	2,059	
101	1204	425	2002	Employee Benefits / FICA - Medicare	482	
TOTAL (if SUBTOTAL, check here X )					51,541	

Requesting Department Approval: [Signature] Title: Sheriff Date: 9-12-06  
Finance 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
101	1204	425	2003	Employee Benefits / Retirement Contributions	3,039	
101	1204	425	2005	Employee Benefits / Healthcare	2,512	
101	1204	425	2006	Employee Benefits / Retiree Healthcare	432	
101	1204	425	2008	Employee Benefits / Workers Comp.	8	
101	1204	425	3001	Travel / In State Mileage & Fares	128	
101	1204	425	3003	Travel / In State Meals & Lodging	1,020	
101	1204	425	3004	Travel / Out of State Meals & Lodging	2,000	
101	1204	425	3005	Travel / Gas & Oil	1,080	
101	1204	425	4002	Maintenance / Contracts	4,430	
101	1204	425	4004	Maintenance / Vehicles	2,500	
101	1204	425	4007	Maintenance / Supplies	1,000	
101	1204	425	4009	Maintenance / Services	2,280	
101	1204	425	5003	Contractual Services / Professional Services	52,620	
101	1204	425	5090	Contractual Services / Other Contractual Services	17,524	
101	1204	425	6005	Supplies / Med & Lab Supplies	500	
TOTAL (if SUBTOTAL, check here <u>X</u> )					91,073	

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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	6007	Supplies / Office Supplies	4,000	
101	1204	425	6008	Supplies / Field Supplies	4,000	
101	1204	425	7003	Other Operating Costs / Telephone	35,269	
101	1204	425	7008	Other Operating Costs / Liability Insurance	2,702	
101	1204	425	7015	Other Operating Costs / Property Insurance	3,335	
101	1204	425	7033	Other Operating Costs / Seminars & Workshops	1,000	
101	1204	425	7036	Other Operating Costs / Postage & Mail	80	
101	1204	425	7042	Other Operating Costs / Sheriffs Expense	35,000	
101	1204	425	7090	Other Operating Costs / Misc. Operating Costs	12,000	
TOTAL (if SUBTOTAL, check here )					240,000	

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**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 federal grant for the Region III Drug Task Force awarded by the Justice Assistance Grant Program through the New Mexico Department of Public Safety. The awarded amount is \$240,000 for the period of October 1, 2006 to September 30, 2007.
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?  
A budget from the fiscal year 2006 grant was included for the period of July 1, 2006 through September 30, 2006 since this grant runs on a federal fiscal year. This request is for the new grant for fiscal year 2007 for the period of October 1, 2006 to September 30, 2007.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This increase should be 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 #06-JAG-PPA 02-Region III-FY07 Amount: \$240,000  
Effective: October 1, 2006 – September 30, 2007

REC'D CLERK RECORDING 09/27/2006

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**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.  
\$80,000 of salaries and benefits 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.  
This request does not have an FTE impact.
- 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 requested amount for salaries and benefits is for an existing Administrative Assistant position.

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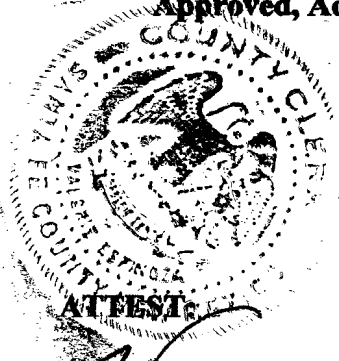

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

**Approved, Adopted, and Passed This 26<sup>th</sup> Day of September, 2006.**

**Santa Fe Board of County Commissioners**

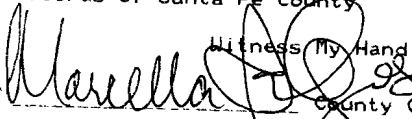
  
Harry Montoya, Chairperson



  
**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: 6  
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 # 1452533  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Deputy  Valerie Espinoza  
County Clerk, Santa Fe, NM

SFO CLERK RECORDING 09/27/2006