

RESOLUTION 2007 - 129

**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 28, 2007, did request the following budget adjustment:

Department / Division: Corrections/Day Reporting Program Fund Name: Jail Operations Fund (518)

Budget Adjustment Type: Budget Increase Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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	1873	341	9500	Charges for Services	\$4,420.72	
518	1873	371	1600	State - CYFD	\$36,494.09	
518	1873	385	0500	Budgeted Cash Enterprise Fund	\$6,888.24	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$47,803.05</b>	

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
518	1873	426	10/1026	Term Employees	\$13,444.62	
518	1873	426	20/2001	FICA - Regular	\$903.96	
518	1873	426	20/2002	FICA - Medicare	\$211.41	
518	1873	426	20/2003	PERA	\$2,771.66	
518	1873	426	20/2005	Group Insurance	\$10,499.43	
518	1873	426	20/2006	Retiree Health Care Contributions	\$189.54	
518	1873	426	20/2008	Worker's Comp	\$4.00	
518	1873	426	30/3001	In State Mileage & Fares	\$337.50	
518	1873	426	50/5082	Food Services	\$6,185.30	
518	1873	426	60/6001	Inventory Exempt	\$3,000.00	
518	1873	426	60/6007	Office Supplies	\$2,268.02	
518	1873	426	60/6009	Educational Supplies	\$1,864.18	
518	1873	426	70/7003	Telephone	\$173.51	
518	1873	426	70/7090	Miscellaneous	\$5,949.92	
<b>TOTAL (if SUBTOTAL, check here X )</b>					<b>\$47,803.05</b>	

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: Jane C Masten Date: 8/16/07 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

RESOLUTION 2007 - \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Annabelle Romero

**Dept/Div:** Corrections

**Phone No.:** 424-5600

**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 carryover budget from the grant received from the Children, Youth and Families Department for the Day Reporting Program. This grant was extended for three additional months thru September 30, 2007.
- 2) Why was this request not included in the Fiscal Year 2008 Operating Budget?  
Exact balance for rollover was not known when the FY 08 budget was done.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
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:  
State or federal funds (CYFD Grant).
  - 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.  
Agreement #07-690-3053 Amount: \$115,000  
Effective: October 1, 2006 – June 30, 2007 Extended to September 30, 2007

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Annabelle Romero

**Dept/Div:** Corrections

**Phone No.:** 424-5600

**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.  
\$20,000 Match from St. Vincent Grant for Detention Alternative Programming.
- 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.
  - Day Reporting Supervisor, Case Manager, and two Life Skill Workers (Existing FTEs)

SANTA FE COUNTY

RESOLUTION 2007 - \_\_\_\_\_

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 28<sup>th</sup> day of August 2007.

Santa Fe Board of County Commissioners

*Virginia Vigil*  
Virginia Vigil, Chairperson

ATTEST:  
*Valerie Espinoza*  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4  
Hereby Certify That This Instrument Was Filed for  
Record On The 29TH Day Of August, A.D., 2007 at 09:29  
and Was Duly Recorded as Instrument # 1497627  
of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
*Orlinda Romero* Valerie Espinoza  
County Clerk, Santa Fe, NM

Approved As To Form.

By *Stephen Ross*  
Stephen Ross, County Attorney