SFC CLERK RECORDED 10/03/2007

SANTA FE COUNTY

RESOLUTION 2007 - 146

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 25, 2007, did request the following budget adjustment:

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

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
101	1204	372	0800	Federal Grants / Region III	242,364	
TOTAL (if SUBTOTAL, check here ____)					242,364	

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	13,292	
101	1204	425	1026	Salary & Wages / Term Employees	35,600	
101	1204	425	2001	Employee Benefits / FICA – Regular	2,148	
101	1204	425	2002	Employee Benefits / FICA – Medicare	501	
TOTAL (if SUBTOTAL, check here X)					51,541	

Requesting Department Approval: [signature] **Title:** Undersheriff **Date:** 9-10-07

Finance Department Approval: Teresa C Martinez **Date:** 9/11/07 **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	7,701	
101	1204	425	2005	Employee Benefits / Healthcare	3,843	
101	1204	425	2006	Employee Benefits / Retiree Healthcare	449	
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	4,461	
101	1204	425	4004	Maintenance / Vehicles	3,500	
101	1204	425	4007	Maintenance / Supplies	1,000	
101	1204	425	4009	Maintenance / Services	4,600	
101	1204	425	5003	Contractual Services / Professional Services	52,620	
101	1204	425	5090	Contractual Services / Other Contractual Services	14,500	
101	1204	425	6005	Supplies / Med & Lab Supplies	200	
TOTAL (if SUBTOTAL, check here X)					97,110	

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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	33,480	
101	1204	425	7008	Other Operating Costs / Liability Insurance	3,652	
101	1204	425	7015	Other Operating Costs / Property Insurance	3,085	
101	1204	425	7033	Other Operating Costs / Seminars & Workshops	1,000	
101	1204	425	7036	Other Operating Costs / Postage & Mail	132	
101	1204	425	7042	Other Operating Costs / Sheriffs Expense	32,364	
101	1204	425	7090	Other Operating Costs / Misc. Operating Costs	12,000	
TOTAL (if SUBTOTAL, check here ____)					242,364	

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RESOLUTION 2007 - 146

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, 2007 to September 30, 2008.

- 2) Why was this request not included in the Fiscal Year 2008 Operating Budget?
  A budget from the fiscal year 2007 grant was included for the period of July 1, 2007 through September 30, 2007 since this grant runs on a federal fiscal year. This request is for the new grant for fiscal year 2008 for the period of October 1, 2007 to September 30, 2008.

- 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 #07JAG-PPA 02-Region III-FY08 Amount: $240,000
    Effective: October 1, 2007 – September 30, 2008

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SANTA FE COUNTY

RESOLUTION 2007 - 146

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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RESOLUTION 2007 - 146

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 25th Day of September, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

ATTEST:

Victoria Trujillo for Valerie Espinoza

Valerie Espinoza, County Clerk

Approved As To Form.

By for Stephen C. Ross

Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 3RD Day Of October, A.D., 2007 at 10:04 And Was Duly Recorded as Instrument # 1501825 Of The Records Of Santa Fe County

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