

# SANTA FE COUNTY

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## RESOLUTION 2008 - 31

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

Whereas, the Board of County Commissioners meeting in regular session on February 26, 2008, did request the following budget adjustment:

Department / Division: Corrections / Day Reporting 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	380	0101	JPA w/City of Santa Fe	\$93,000.00	
TOTAL (if SUBTOTAL, check here )					\$93,000.00	

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	\$63,000.00	
518	1873	426	20/2001	FICA - Regular	\$1,680.00	
518	1873	426	20/2002	FICA - Medicare	\$480.00	
518	1873	426	20/2003	Retirement Contributions	\$5,040.00	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )					\$70,200.00	

Requesting Department Approval: [Signature] Title: Youth Service Administrator Date: 2/19/08

Finance Department Approval: [Signature] Date: 2/19/08 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 2/16/08

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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
518	1873	426	20/2005	Health Care	\$16,550.00	
518	1873	426	20/2006	Retirement Health Care	\$240.00	
518	1873	426	20/2008	Workers Comp	\$10.00	
518	1873	426	50/5003	Professional Services	\$500.00	
518	1873	426	50/5082	Food Services	\$4,500.00	
518	1873	426	60/6007	Office Supplies	\$500.00	
518	1873	426	70/7003	Telephone	\$500.00	
TOTAL (if SUBTOTAL, check here )					\$93,000.00	

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**      Name: Tila Rendon-Varela      Dept/Div: Corrections/Day Reporting      Phone No.: 424-5614

**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.  
To budget monies from a Joint Powers Agreement with the City of Santa Fe for the Day Reporting Program.

**a) Employee Actions**

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

**b) Professional Services (50-xx) and Capital Category (80-xx) detail:**

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
5003	Summer School Teacher	\$500.00
5082	Food Service Contract with Summit	\$4,500.00

- 2) Is the budget action for RECURRING expense   X   or for NON-RECURRING (one-time only) expense

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Tila Rendon-Varela Dept/Div: Corrections/Day Reporting Phone No.: 424-5614

**DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):**

- 3) 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, YES \_\_\_\_\_ NO X  
If YES, cite statute and attach a copy.  
  
Joint Powers Agreement with the City of Santa Fe                      Item # 08-0025  
Amount: \$93,000
  - b) Does this include state or federal funds? YES \_\_\_\_\_ NO X  
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.  
There are no other funding sources to match this request.

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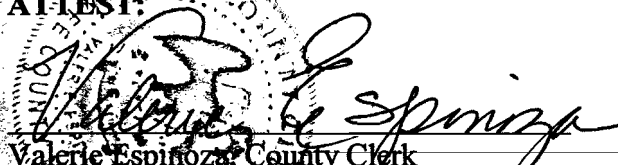
**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

**Approved, Adopted, and Passed This 26<sup>th</sup> Day of February, 2008.**

**Santa Fe Board of County Commissioners**

  
Jack Sullivan, Chairperson

**ATTEST:**

  
Valerie Espinoza, County Clerk

Feb. 27, 08



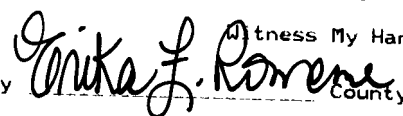
**Approved As To Form.**

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 February, A.D., 2008 at 16:40  
And Was Duly Recorded as Instrument # **1516816**  
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
 Trisha L. Rorene  
Deputy County Clerk, Santa Fe, NM