SANTA FE COUNTY

RESOLUTION 2011 - 184

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

Whereas, the Board of County Commissioners meeting in regular session on December 13, 2011, did request the following budget adjustment:

Department / Division: Corrections/ADF/Medical

Fund Name: Corrections Operations Fund

Budget Adjustment Type: Increase

Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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
247	1860	381	0300	Subsidies-Department of Justice	$15,258	
TOTAL (if SUBTOTAL, check here ____)					$15,258	

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
247	1860	426	7033	Seminars and Workshops	$5,000	
247	1863	426	7040	Medical Services	$10,258	
TOTAL (if SUBTOTAL, check here ____)					$15,258	

Requesting Department Approval: _____ **Title:** Director **Date:** 11/28/11

Finance Department Approval: _____ **Date:** 12/2/11 **Entered by:** _____ **Date:** _____

County Manager Approval: Katherine Miller **Date:** 12-5-11 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Dominic Aguino Dept/Div: Corrections/ADF Phone No.: 428-3893

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.---Awarded funds from the State Criminal Alien Assistance Program. Funds to be used for training and medical services.

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

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

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: DOMINIC AGUINO **Dept/Div:** CORRECTIONS/ADF **Phone No.:** 428-3893

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 XXX NO _____
    If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES XXX NO _____
    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 _____
    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.

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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 13th **Day of** December, **2011.**

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

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 14TH Day Of December, 2011 at 01:51:49 PM And Was Duly Recorded as Instrument # 1654257 Of The Records Of Santa Fe County

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

Deputy Marcella Gonzales