

SANTA FE COUNTY
RESOLUTION 2025 - 103

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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 30, 2025, did request the following budget adjustment:

Department / Division Public Safety / Corrections

Budget Adjustment Type (drop down): Other Fiscal Year: 2026 (July 1, 2025 - June 30, 2026)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
247	1860	371	05-00	Corrections / Adult / DOH	\$ 31,264	
Subtotal from First Page					\$ 31,264	\$ -

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
247	1860	426	10-21	Corrections / Adult / Classified Employees	\$ 22,172	
247	1860	426	10-22	Corrections / Adult / FICA Regular	1,375	
247	1860	426	20-02	Corrections / Adult / FICA Medicare	325	
247	1860	426	20-03	Corrections / Adult / Retirement	5,000	
247	1860	426	20-05	Corrections / Adult / Healthcare	1,942	
247	1860	426	20-06	Corrections / Adult / Retiree Healthcare	450	
Subtotal from First Page					\$ 31,264	\$ -

Requesting Department Approval: Derek Williams Title: Corrections Warden Date: 09/08/2025 Log # 4

Capital/Grants Approval:  Date: 9/24/2025

Budget Administrator: _____

Finance Dept Approval:  Date: 9/24/2025

Entered by: _____ Date: _____

County Mgr Approval:  Date: 9/26/25

Updated by: _____ Date: _____

SFC CLERK RECORDED 10/03/2025

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BUDGET ADJUSTMENT REQUEST FORM

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Fiscal Year 2026 (July 1, 2025 Through June 30, 2026)

CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
247	1863	371	05-00	Corrections / Medical / DOH	\$ 183,736	
Subtotal from Second Page					\$ 183,736	\$ -
Total of All Pages					\$ 215,000	\$ -

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
247	1863	426	10-22	Corrections / Medical / Classified Employees	\$ 106,788	
247	1863	426	20-01	Corrections / Medical / FICA Regular	6,621	
247	1863	426	20-02	Corrections / Medical / FICA Medicare	1,549	
247	1863	426	20-03	Corrections / Medical / Retirement	24,028	
247	1863	426	20-05	Corrections / Medical / Healthcare	9,449	
247	1863	426	20-06	Corrections / Medical / Retiree Healthcare	2,136	
247	1863	426	30-04	Corrections / Medical / Out-ofState Travel	8,000	
247	1863	426	50-03	Corrections / Medical / Contractual Services	10,165	
247	1863	426	60-07	Corrections / Medical / Operational Supplies	3,000	
247	1863	426	73-03	Corrections / Medical / Inmate Welfare	5,000	
247	1863	426	80-96	Corrections / Medical / Inv. Exempt Computer	7,000	
Subtotal from Second Page					\$ 183,736	\$ -
Total of All Pages					\$ 215,000	\$ -

SFC CLERK RECORDED 10/03/2025

**SANTA FE COUNTY
RESOLUTION 2025 - 103**

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 in the area below.
	Request to budget the RISE Program Grant from the New Mexico Health Care Authority - Behavioral Health Services Division. The purpose of the Grant is to enable the Corrections Department to provide intense evidence-based behavioral health and physical health services to eligible and participating inmates during their term of incarceration, as well as to provide case management and re-entry services to inmates during their transition out of custody and back into the community.

2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	Recurring	Non-Recurring
			X

3	Does this request impact a revenue source?	Yes	No
		X	

A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy		X
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B. Does this include state or federal funds? 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.	X	
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C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.)		X
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D. Is a match required? If Yes, please identify funding source in the line below.		X
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PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW

FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY / LINE ITEM	AMOUNT	BUDGETED (Drop Down)

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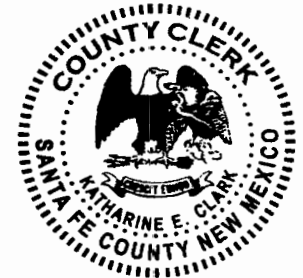
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the New Mexico Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed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


Approved, Adopted, and Passed This 30th Day of September, 2025.

Santa Fe Board of County Commissioners


Camilla Bustamante, Chairperson



ATTEST:

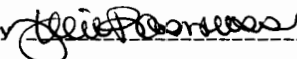

Katharine E. Clark, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

[Hereby Certify That This Instrument Was Filed for
Record On The 3RD Day Of October, 2025 at 10:41:38 AM
And Was Duly Recorded as Instrument # **2068526**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy  County Clerk, Santa Fe, NM

SFC CLERK RECORDED 10/03/2025