



***TORRANCE COUNTY***  
**RESOLUTION # 2016-52**  
**Line Item Transfers**

**WHEREAS**, County Departments are requesting line item transfers within their budgeted funds in the FY 2016-17 Budget, and

**WHEREAS**, line item transfers within the same fund require authorization from the Torrance County Commission, and

**WHEREAS**, the attached line item transfers within the same fund are hereby authorized:

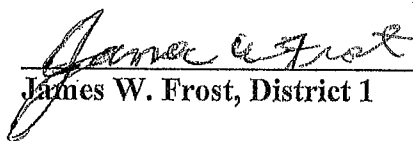
(See Schedule A)

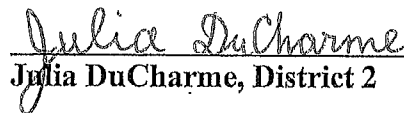
**NOW THEREFORE BE IT RESOLVED** by the Torrance County Commission.

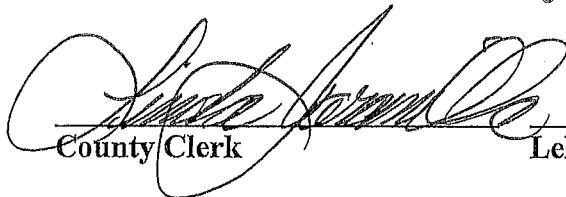
**DONE** at Estancia, New Mexico, Torrance County this 14th day of December 2016.

**TORRANCE COUNTY COMMISSION**

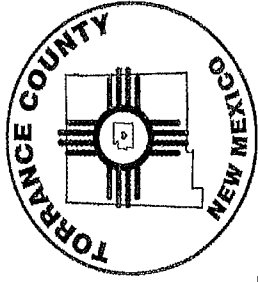


  
James W. Frost, District 1

  
Julia DuCharme, District 2

  
County Clerk

LeRoy M. Candelaria, District 3

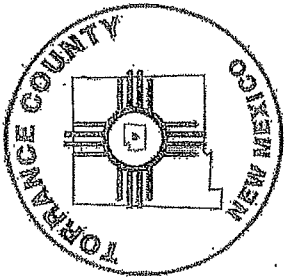


# Torrance County

Resolution 2016-\_\_\_\_\_

## Line Item Transfer Schedule A

| Funding Source: |                |              | Transfer From:         |              |                        | Transfer To: |             |                     | Total |
|-----------------|----------------|--------------|------------------------|--------------|------------------------|--------------|-------------|---------------------|-------|
| Department      | Source         | Line Item    | Description            | Line Item    | Description            | Line Item    | Description | Amount              |       |
| Assessor        | Assessor       | 610 40 2 221 | printing & publishing  | 610 40 2 266 | membership             |              |             | \$ 200.00           |       |
| Assessor        | Assessor       | 610 40 2 618 | CO/vehicles            | 610 40 2 270 | permit refunds         |              |             | \$ 150.00           |       |
| Dist 2 VFD      | fire allotment | 406 91 2 248 | safety equipment       | 406 91 2 230 | medical supplies       |              |             | \$ 2,500.00         |       |
| Fire Admin.     | fire allotment | 411 92 2 230 | medical supplies       | 411 92 2 266 | training               |              |             | \$ 1,700.00         |       |
| Fire Admin.     | fire allotment | 413 91 2 266 | training               | 413 91 2 272 | professional Svcs      |              |             | \$ 200.00           |       |
| Fire Admin.     | fire allotment | 413 91 2 266 | training               | 413 91 2 272 | professional Svcs      |              |             | \$ 300.00           |       |
| Home Visiting   | wind pit       | 629 52 2 103 | PT salaries            | 629 9 2 103  | PT salaries            |              |             | \$ 10,145.00        |       |
| Home Visiting   | wind pit       | 629 52 2 65  | health matching        | 629 9 2 65   | health matching        |              |             | \$ 3,567.55         |       |
| Home Visiting   | wind pit       | 629 52 2 64  | FICA matching          | 629 9 2 64   | FICA matching          |              |             | \$ 98.35            |       |
| Home Visiting   | wind pit       | 629 52 2 67  | retire health matching | 629 9 2 67   | retire health matching |              |             | \$ 26.28            |       |
| Home Visiting   | wind pit       | 629 52 2 63  | PERA matching          | 629 9 2 63   | PERA matching          |              |             | \$ 1,162.82         |       |
| Home Visiting   | grant funds    | 629 52 2 102 | full time salary       | 629 52 2 63  | PERA matching          |              |             | \$ 559.51           |       |
| Home Visiting   | grant funds    | 629 52 2 102 | full time salary       | 629 52 2 205 | mileage/per diem       |              |             | \$ 4,862.00         |       |
| Home Visiting   | grant funds    | 629 52 2 102 | full time salary       | 629 52 2 207 | telecommunications     |              |             | \$ 600.00           |       |
| Home Visiting   | grant funds    | 629 52 2 102 | full time salary       | 629 52 2 218 | equip. maint./repair   |              |             | \$ 1,191.29         |       |
| Home Visiting   | grant funds    | 629 52 2 219 | office supplies        | 629 52 2 218 | equip. maint./repair   |              |             | \$ 308.64           |       |
| Home Visiting   | grant funds    | 629 52 2 219 | office supplies        | 629 52 2 258 | storage rental         |              |             | \$ 507.50           |       |
| Home Visiting   | grant funds    | 629 52 2 224 | educational supplies   | 629 52 2 269 | affiliation fee        |              |             | \$ 450.00           |       |
| Home Visiting   | grant funds    | 629 52 2 266 | training               | 629 52 2 269 | affiliation fee        |              |             | \$ 1,000.00         |       |
| Home Visiting   | grant funds    | 629 52 2 221 | printing & publishing  | 629 52 2 269 | affiliation fee        |              |             | \$ 800.00           |       |
| Home Visiting   | grant funds    | 629 52 2 107 | risk management        | 629 52 2 103 | part time salaries     |              |             | \$ 35.00            |       |
| Home Visiting   | grant funds    | 629 52 2 102 | full time salary       | 629 52 2 103 | part time salaries     |              |             | \$ 3,447.20         |       |
| Road            | road funds     | 402 60 2 256 | road materials         | 402 60 2 219 | office supplies        |              |             | \$ 200.00           |       |
| Sheriff         | general fund   | 401 50 2 272 | professional services  | 401 50 2 222 | field supplies         |              |             | \$ 500.00           |       |
| Sheriff         | general fund   | 401 50 2 272 | professional services  | 401 50 2 269 | membership dues        |              |             | \$ 2,000.00         |       |
| <b>TOTAL</b>    |                |              |                        |              |                        |              |             |                     |       |
|                 |                |              |                        |              |                        |              |             | <b>\$ 36,511.14</b> |       |



# TORRANCE COUNTY

## Line Item Transfer Form

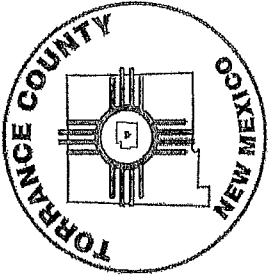
Requesting Department: Assessor Office

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:  |                       | Transfer To:     |                       | Amount of Transfer |
|---|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number  | Line Item Description | Line Item Number | Line Item Description |                    |
| 610-40-2221   | Printing & Publishing | 610-40-2210      | Membership            | 200.00             |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
| Reason for Transfer:<br><i>to cover funds for membership fees (FAAO dues)</i> |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |

Signature: Victoria Seaver

Date: 11-29-10



# TORRANCE COUNTY

## Line Item Transfer Form

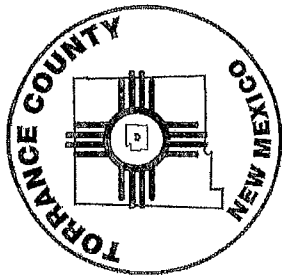
Requesting Department: Assessor

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:   |                       | Transfer To:     |                       | Amount of Transfer |
|--|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number   | Line Item Description | Line Item Number | Line Item Description |                    |
| 610-40-2618  | Company Vehicle       | 610-40-2270      | Permit Refunds        | \$ 150.00          |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
| <b>Reason for Transfer:</b>  |                       |                  |                       |                    |
| Assessors office receives \$50.00 everytime a permit is issued. If customer decides to not pursue permit and wants a refund    |                       |                  |                       |                    |
| The Assessors office has to refund the \$50.00. This does not happen very often therefore no funds had been in this line item. |                       |                  |                       |                    |
|  |                       |                  |                       |                    |
|  |                       |                  |                       |                    |


  
 Signature
 

  
 Date



# TORRANCE COUNTY Line Item Transfer Form

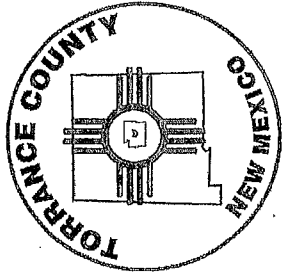
Requesting Department:

District 2 VFD

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:                 |                       | Transfer To:     |                       | Amount of Transfer |
|--------------------------------|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number               | Line Item Description | Line Item Number | Line Item Description |                    |
| 406-91-2248                    | Safety Equipment      | 406-91-2230      | Medical Supplies      | \$ 2,500.00        |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
| <b>Reason for Transfer:</b>    |                       |                  |                       |                    |
| More funds needed for medical. |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |
|                                |                       |                  |                       |                    |

Signature: *Hana Sanchez* Date: 12.05.2014



# TORRANCE COUNTY Line Item Transfer Form

Requesting Department:

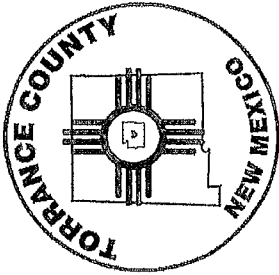
Fire Admin

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:                       |                       | Transfer To:     |                       | Amount of Transfer |
|--------------------------------------|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number                     | Line Item Description | Line Item Number | Line Item Description |                    |
| 411-92-2230                          | Medical Supplies      | 411-92-2266      | Training              | \$ 1,700.00        |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
| <b>Reason for Transfer:</b>          |                       |                  |                       |                    |
| Need additional funding in training. |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |
|                                      |                       |                  |                       |                    |

*Hana Sanchez*  
Signature

*11.29.16*  
Date



# TORRANCE COUNTY

## Line Item Transfer Form

Requesting Department:

Fire Admin

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:   |                       | Transfer To:     |                       |                    |
|------------------|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number | Line Item Description | Line Item Number | Line Item Description | Amount of Transfer |
| 413-91-2266      | Training              | 413-91-2272      | Professional Svcs.    | \$ 200.00          |
|                  |                       |                  |                       |                    |
|                  |                       |                  |                       |                    |
|                  |                       |                  |                       |                    |
|                  |                       |                  |                       |                    |
|                  |                       |                  |                       |                    |
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|                  |                       |                  |                       |                    |

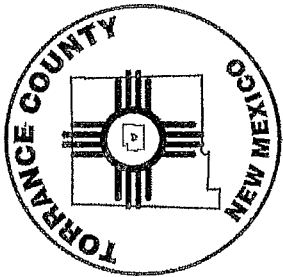
**Reason for Transfer:**  
Installation of Triadic on Fire Chief Admin. Asst. computer

Signature *Hanna Sanchez*

Date *11.22.16*







# TORRANCE COUNTY

## Line Item Transfer Form

Requesting Department:

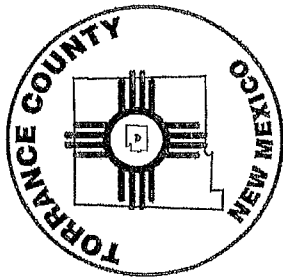
Home Visiting

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:   |                       | Transfer To:     |                        | \$                 |
|--|-----------------------|------------------|------------------------|--------------------|
| Line Item Number   | Line Item Description | Line Item Number | Line Item Description  | Amount of Transfer |
| 629-52-2103  | PT salaries           | 629-09-2103      | PT salaries            | \$ 10,145.00       |
| 629-52-2065  | health matching       | 629-09-2065      | health matching        | \$ 3,567.55        |
| 629-52-2064  | FICA matching         | 629-09-2064      | FICA matching          | \$ 98.35           |
| 629-52-2067  | Retire health match   | 629-09-2067      | Retire health matching | \$ 26.28           |
| 629-52-2063  | PERA matching         | 629-09-2063      | PERA matching          | \$ 1,162.82        |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
| <b>Reason for Transfer:</b>                                  |                       |                  |                        |                    |
| To separate the HV grant contract from the Wind Pilt budget. |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |
|  |                       |                  |                        |                    |

Signature: *Betha Spitzer-Moore*

Date



# TORRANCE COUNTY Line Item Transfer Form

Torrance County Home Visiting Program

Requesting Department:

| Transfer From:   |                                 | Transfer To:     |                       | \$                 |
|------------------|---------------------------------|------------------|-----------------------|--------------------|
| Line Item Number | Line Item Description           | Line Item Number | Line Item Description | Amount of Transfer |
| 629-52-2102      | Full Time Salary                | 629-52-2063      | PERA Matching         | \$ 559.51          |
| 629-52-2102      | Full Time Salary                | 629-52-2205      | Mileage/Per Diem      | \$ 4,862.00        |
| 629-52-2102      | Full Time Salary                | 629-52-2207      | Telecommunications    | \$ 600.00          |
| 629-52-2102      | Full Time Salary                | 629-52-2218      | Equip.Maint./Repair   | \$ 1,191.29        |
| 629-52-2219      | Office Supplies                 | 629-52-2218      | Equip.Maint./Repair   | \$ 308.64          |
| 629-52-2219      | Office Supplies                 | 629-52-2258      | Storage Rental        | \$ 507.50          |
| 629-52-2224      | Educational Supplies            | 629-52-2269      | Affiliation Fee       | \$ 450.00          |
| 629-52-2266      | Training                        | 629-52-2269      | Affiliation Fee       | \$ 1,000.00        |
| 629-52-2221      | Printing Publishing Advertising | 629-52-2269      | Affiliation Fee       | \$ 800.00          |
| 629-52-2107      | Risk Management Insurance       | 629-52-2103      | Part Time Salaries    | \$ 35.00           |
| 629-52-2102      | Full Time Salary                | 629-52-2103      | Part Time Salaries    | \$ 3,447.20        |

**Reason for Transfer:**

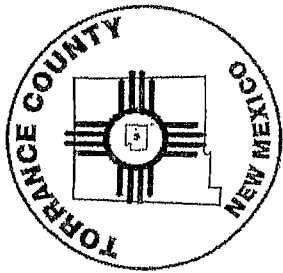
1. Full time salary for program manager is \$38,160.00, and we need more funds to cover 3 part-time employee salaries and benefits. Initially the projected total figure for the 3 part-time home visitors was \$79,962.00 for this FY (\$6663.50 per month); however this figure has decreased as home visitors did not work their assigned work schedules due to families cancelling their home visits, we are not at full caseload capacity and/or home visitors needed additional days off. This figure is likely to decrease before the FY is over and this will also inevitably affect PERA, FICA, and Retirement Health-Care Matching. As the salary figure decreases, so will the need to use all monies from the Wind Pitt.
2. We did not have enough funds in Telecommunications for telephone service and last month we chose to do away with all desk phones.
3. We needed additional funds in Equip.Maint./Repair for the copier/copies. And I have added additional funds to this line item because we discovered that TCPO has an old copier that needs to be returned and the balance on it in October 2016 was \$851.96 for rent and \$473.00 for the for the shipping fee. Domestic Violence (DV) and Home Visiting (HV) will pay half the cost.
4. We needed more funds to cover 2 storage units we rented in Mortuary and shared with DV. (HV is no longer paying rent on these 2 units.) We are currently renting one storage unit in Estancia and share the cost with DWI Program.
5. We do not have any training to attend this FY which require payment. We did have to pay affiliation fee to Parents As Teachers (PAT) and fee to use the PAT curriculum. We no longer have Risk Management ins. Fees, and currently we have enough supplies from last FY year for this FY.

*Patricia Espinoza-Figueroa*

Signature

11/30/2016

Date



# TORRANCE COUNTY

## Line Item Transfer Form

ROAD

Requesting Department:

My department hereby requests that the following line item transfer(s) be made to the budget:

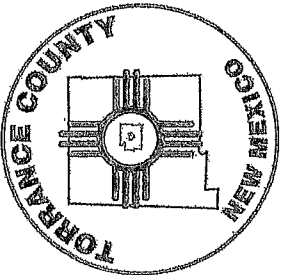
| Transfer From:                              |                       | Transfer To:     |                       | \$                 |
|---|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number                            | Line Item Description | Line Item Number | Line Item Description | Amount of Transfer |
| 402602256                                   | ROAD MATERIALS        | 402602219        | OFFICE SUPPLIES       | \$ 200.00          |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
| Reason for Transfer: IN NET OFFICE SUPPLIES |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |
|   |                       |                  |                       |                    |

Michael Chavez

10/27/16

Signature

Date



# TORRANCE COUNTY Line Item Transfer Form

Requesting Department: \_\_\_\_\_

Sheriff

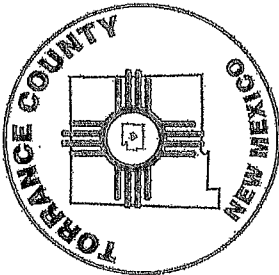
My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:   |                       | Transfer To:     |                       | \$                 |    |
|------------------|-----------------------|------------------|-----------------------|--------------------|----|
| Line Item Number | Line Item Description | Line Item Number | Line Item Description | Amount of Transfer |    |
| 401-50-2272      | Professional Services | 401-50-2222      | Field Supplies        | 500.00             | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |
|                  |                       |                  |                       | -                  | \$ |

Reason for Transfer:  
Transfer to cover cost of Tow Sheets.

\_\_\_\_\_  
Signature

2/1/10  
Date



# TORRANCE COUNTY

## Line Item Transfer Form

Requesting Department: \_\_\_\_\_

Sheriff

My department hereby requests that the following line item transfer(s) be made to the budget:

| Transfer From:   |                       | Transfer To:     |                       | \$                 |
|------------------|-----------------------|------------------|-----------------------|--------------------|
| Line Item Number | Line Item Description | Line Item Number | Line Item Description | Amount of Transfer |
| 401-50-2272      | Professional Services | 401-50-2269      | Mem. Dues/Fees        | 2,000.00           |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |
|                  |                       |                  |                       | \$ -               |

Reason for Transfer:

Transfer to cover Membership Dues for Deputy's at the Indoor Shooting Range.

St. Thomas AP

Signature

11-28-2016

Date