



TORRANCE COUNTY

RESOLUTION # 2017-11A

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:

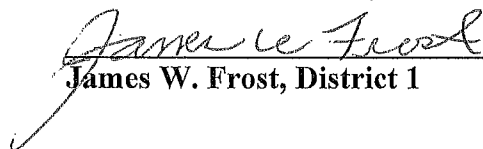
(See Schedule A)


NOW THEREFORE BE IT RESOLVED by the Torrance County Commission.

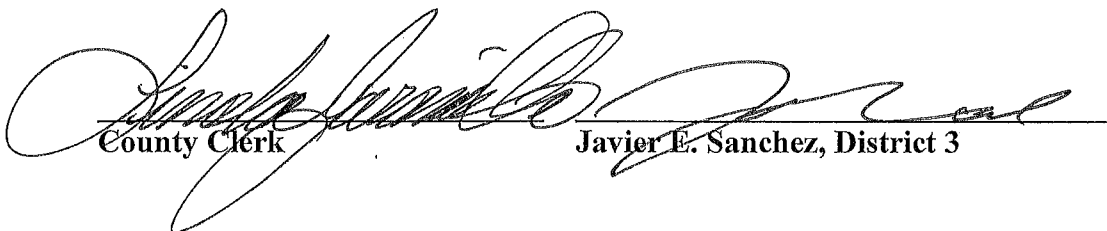
DONE at Estancia, New Mexico, Torrance County this 22nd day of February 2017.

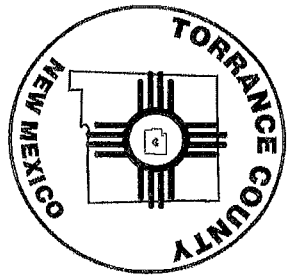
TORRANCE COUNTY COMMISSION




James W. Frost, District 1


Julia DuCharme, District 2


County Clerk
Javier E. Sanchez, District 3



TORRANCE COUNTY Line Item Transfer Form

Requesting Department: _____

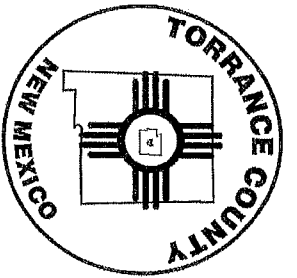
District 6 VFD

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	
418-91-2236	Uniforms	418-91-2201	Vehicle Maint/Repair	\$ 500.00
Reason for Transfer: Additional funds needed for vehicle maintenance/repair				

Signature *Hanna Sanchez*

Date *2.14.2017*



TORRANCE COUNTY

Line Item Transfer Form

Requesting Department:

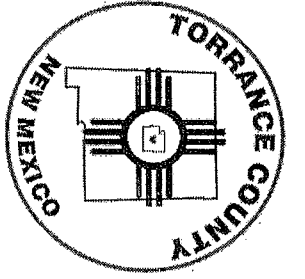
Finance

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
401-55-2104	overtime	401-55-2205	mileage/per diem	\$ 1,500.00
401-55-2218	equip/maint. Repair	401-55-2266	training	\$ 900.00
401-55-2219	office supplies	401-55-2272	professional services	\$ 70.00
Reason for Transfer:				
To cover NM Edge training classes; and to cover deficit balance on professional services.				

Signature *Amanda Ferris*

Date *2-16-17*



TORRANCE COUNTY
Line Item Transfer Form

Requesting Department: _____

Treasurer _____

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
401-30-2103	Part Time Salaries	401-30-2219	Office Supplies	\$ 1,000.00
Reason for Transfer:				
Transferring money to cover office supply expenses.				

Signature *Daniel G. Buel*

Date 2.13.17



TORRANCE COUNTY
RESOLUTION # 2017- 11 B
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

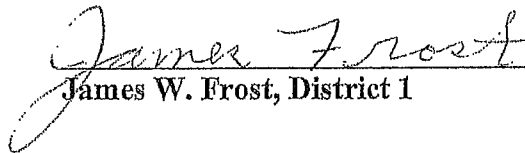
WHEREAS, the attached line item transfers within the same fund are hereby authorized:


(See Schedule A)

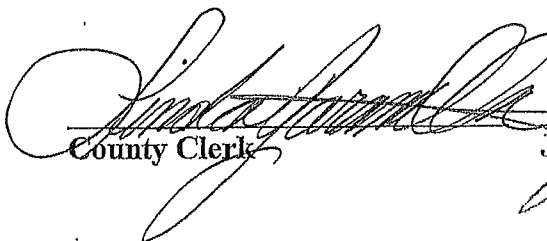
NOW THEREFORE BE IT RESOLVED by the Torrance County Commission.

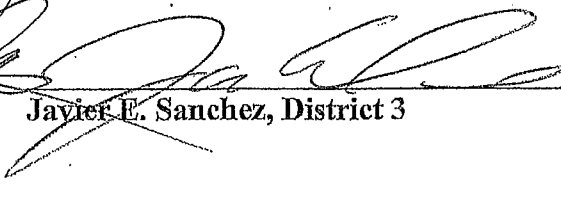
DONE at Estancia, New Mexico, Torrance County this 8th day of March 2017.

TORRANCE COUNTY COMMISSION

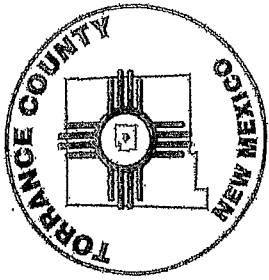

James W. Frost, District 1


Julia DuCharme, District 2


County Clerk


Javier E. Sanchez, District 3





TORRANCE COUNTY

Line Item Transfer Form

Requesting Department: _____

Animal Shelter

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
401-82-2272	Professional Services	401-82-2222	Field Supplies	\$2,000.00

Reason for Transfer:

Need to transfer funds from Professional Services to Field Supplies for Radios and Tablets for the officers. I had no idea the radios would run almost \$1000.00 for 2.

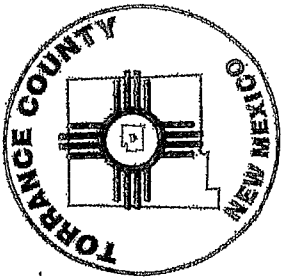
Cindi Fuller

Signature

3/1/17
AP25/2047-C8

Rev. 06/12

6-5



TORRANCE COUNTY

Line Item Transfer Form

Requesting Department: _____

Sheriff

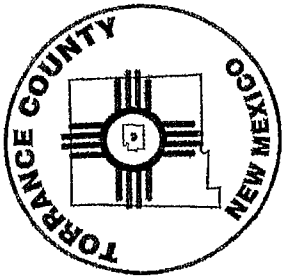
My department hereby requests that the following line item transfer(s) be made to the budget:

Transfer From:		Transfer To:		\$
Line Item Number	Line Item Description	Line Item Number	Line Item Description	Amount of Transfer
401-50-2205	Mileage/Per Diem	401-50-2222	Field Supplies	\$ 400.00
401-50-2352	Special Investigations	401-50-2201	Vehicle Maint/Repair	\$ 1,000.00
401-50-2224	Printing/Publishing	401-50-2201	Vehicle Maint/Repair	\$ 400.00
401-50-2269	Membership Dues/Fees	401-50-2201	Vehicle Maint/Repair	\$ 500.00
401-50-2272	Professional Services	401-50-2222	Field Supplies	\$ 1,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Reason for Transfer:				
Transfers to cover negative balance line items.				

Signature: Stephanie VF Date: 2/22/2017

Signature

Date



TORRANCE COUNTY

Line Item Transfer Form

Requesting Department: _____

Treasurer _____

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
401-30-2065	Health Insurance Matching	401-30-2221	Printing/Publishing	\$ 2,000.00
401-30-2065	Health Insurance Matching	401-30-2218	Equipment Maint/Repa	\$ 3,186.00
401-30-2065	Health Insurance Matching	401-30-2269	Membership Dues	\$ 407.00
401-30-2104	Overtime	401-30-2219	Office Supplies	\$ 4,900.00
401-30-2103	Part-Time Salaries	401-30-2219	Office Supplies	\$ 3,000.00
401-30-2063	PERA Matching	401-30-2205	Mileage/Per Diem	\$ 1,000.00
401-30-2064	FICA Matching	401-30-2266	Training	\$ 500.00
Reason for Transfer:				
Transferring money to cover repairs to office equipment, advertising for field offices, address search program, office supplies, training and per diem associated with training.				

Signature: *Mary Sedillo*

Date: *2-23-17*



RESOLUTION NO. 2017-12

RESOLUTION FINDING A DECEDENT TO BE INDIGENT OR UNCLAIMED AND AUTHORIZING PAYMENT FOR THE BURIAL OR CREMATION OF AN INDIGENT PERSON, AS DEFINED IN SECTION 24-13-2 NMSA 1978, OR OF AN UNCLAIMED DECEDENT, AS DEFINED IN SECTION 24-12-1 NMSA 1978.

WHEREAS, pursuant to Section 24-13-5 NMSA 1978, the Torrance County Board of Commissioners may authorize payment for the burial or cremation of an indigent person, as defined in Section 24-13-2 NMSA 1978 or of an unclaimed decedent, as defined in Section 24-13-1 NMSA 1978; and,

WHEREAS, pursuant to Section 24-13-3 NMSA 1078, the burial or cremation expenses may be paid by the County out of the general fund or the county indigent hospital claims fund in an amount up to six hundred dollars (\$600) for the burial or cremation of any adult or minor; and,

WHEREAS, pursuant to Section 24-13-1 NMSA 1978, a dead person whose body has not been claimed by a friend, relative or other interested person assuming the responsibility for and expense of disposition shall be considered an unclaimed decedent; and,

WHEREAS, pursuant to Section 24-13-5 NMSA 1978, in the County pays expenses for burial or cremation, all available assets of the decedent shall be used to reimburse the County and/or, if the decedent left an estate, the decedent's estate shall reimburse the County; and,

WHEREAS, pursuant to Section 24-13-2 NMSA 1978, a deceased person shall be considered to be an indigent for purposes of this resolution if his estate is insufficient to cover the cost of burial or cremation; and,

WHEREAS, pursuant to Sections 24-13-1 and 24-13-3 NMSA 1978, it is the duty of the Torrance County Board of County Commissioners to cause to be decently interred or cremated the body of any unclaimed decedent or indigent person known to have been a resident of Torrance County; and,

WHEREAS, Harris Hanlon Mortuary has informed Torrance County that Ms. Jayne Rae Murray is deceased, her body is at UNM Office of the Medical Investigator, and she is a qualified indigent person; and,

WHEREAS, Ms. Murray is known to have been a resident of Torrance County.

NOW THEREFORE, BE IT RESOLVED, that the Torrance County Board of Commissioners hereby:

1. FINDS:

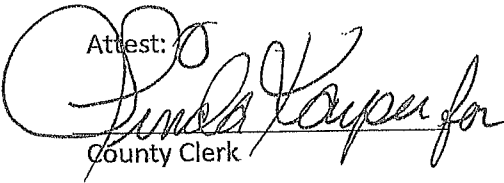
- a. That the decedent was a resident of Torrance County; and

- b. That if the decedent's estate is insufficient to cover the cost of burial or cremation, then she is an indigent decedent; and,
- c. The decedent is unclaimed.

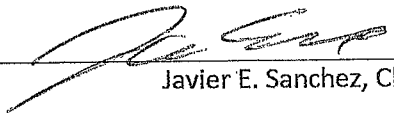
2. AUTHORIZES:

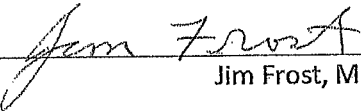
- a. The payment, in an amount not to exceed six hundred dollars (\$600), or the burial or cremation of the body; and
- b. The Torrance County Manager to seek reimbursement from the estate for reimbursement for the burial or cremation expenses, unless the estate is insufficient to cover the cost of burial or cremation.

DONE, this 23rd day of March 2017.

Attest:

County Clerk

TORRANCE COUNTY COMMISSION


Javier E. Sanchez, Chair


Jim Frost, Member


Julia DuCharme, Member

