

SANTA FE COUNTY

RESOLUTION 2003 - 43

2475894

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

Whereas, the Board of County Commissioners meeting in regular session on March 25, 2003, did request the following budget adjustment:

Department / Division: County Sheriff's Office Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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
101	1201	371	0901	State Grants / Traffic Safety	\$20,000	
TOTAL (if SUBTOTAL, check here _____)					\$20,000	

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
101	1201	424	1025	Salary & Wages / Overtime	\$20,000	
TOTAL (if SUBTOTAL, check here _____)					\$20,000	

Requesting Department Approval: [Signature] Title: Sheriff Date: 3-11-03

Finance Department Approval: [Signature] Date: 3-18-03 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 3/18/03

2475895

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano, Sheriff Dept/Div: County Sheriff Phone No.: 986-2455

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.
This request increases the overtime budget for the County Sheriff's Office for a Traffic Safety grant received from the NM State Highway & Transportation Department.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
This grant was awarded after the Fiscal Year 2003 Operating Budget had been prepared.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is non-recurring.

- 4) 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, cite statute and attach a copy.
This is not a state special appropriation.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
Grant Name: S.T.E.P.
Grant #: 03-J8-10-091
Award Date: January 1, 2003
Amount: \$20,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano, Sheriff Dept/Div: County Sheriff Phone No.: 986-2455

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

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation. This request is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request. There are no other funding sources to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for. This request does not impact the capital purchases category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source. This request does not have an FTE impact.

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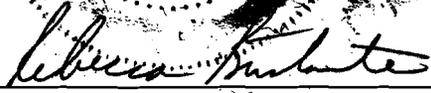
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

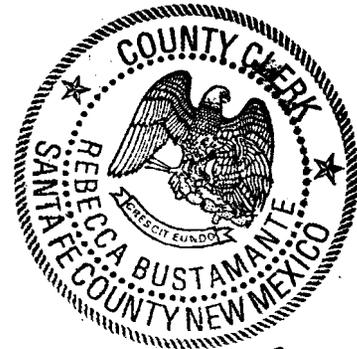
Approved, Adopted, and Passed This 25th Day of March, 2003.

Santa Fe Board of County Commissioners


Jack Sullivan, Chairperson



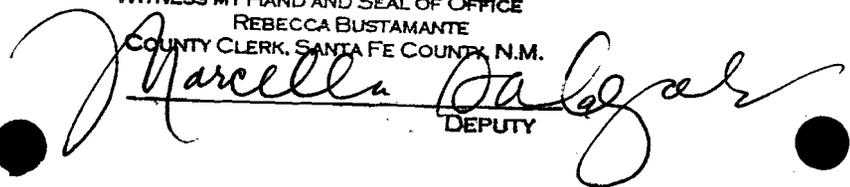

Rebecca Bustamante, County Clerk



Approved As To Form.

for By 
County Attorney

1256 273
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 26 DAY OF Mar A.D.
20 03 AT 8:15 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 2475
PAGE 894-896 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY