

RESOLUTION 2005 - 72

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

Whereas, the Board of County Commissioners meeting in regular session on May 24, 2005, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	372	0904	Federal Grants	5,040	
TOTAL (if SUBTOTAL, check here)					5,040	

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	5,040	
TOTAL (if SUBTOTAL, check here)					5,040	

Requesting Department Approval: [Signature] Title: Undersheriff Date: 5-16-05
 Finance Department Approval: [Signature] Date: 5-17-05 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

RESOLUTION 2005 - 72

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano 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 is for an increase to the General Fund (101) / County Sheriff's budget for a 'Click It or Ticket' grant awarded through the New Mexico Department of Transportation for overtime expenditures aimed at increasing seatbelt and proper child restraint usage.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
This grant was awarded after the fiscal year 2005 operating budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer 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.
Project Title: Click It or Ticket
Project Number: 05-OP-CT-091
Award Period: May 23, 2005 – June 5, 2005
Amount: \$5,040.00

RESOLUTION 2005 - 72

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano Dept/Div: Finance Phone No.: 986-2455

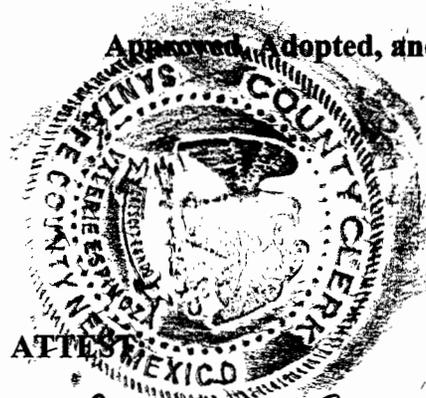
DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 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 24th Day of May 2005.



Santa Fe Board of County Commissioners

[Signature]
Michael Anaya, Chairperson
By: *[Signature]*
Harry Montoya
Vice Chairman



[Signature]
Valerie Espinoza, County Clerk
By: *[Signature]*
Shirley Cooper Garcia
Deputy

Approved As To Form.

By *[Signature]*
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 4
I hereby certify that this instrument was filed for
Record on the 25th Day of May, A.D., 2005 at 14:34
And has duly recorded as instrument # 1381421
of the Records of Santa Fe County
Witness My Hand and Seal of Office
[Signature]
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM