

SANTA FE COUNTY
RESOLUTION 2010 - 141

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

Whereas, the Board of County Commissioners meeting in regular session on August 31, 2010 did request the following budget adjustment:

Department / Division: Sheriff / Region III

Fund Name: Region III JAG Recovery Act

Budget Adjustment Type: Budget Increase

Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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
246	1218	372	0800	Federal Grant Award / JAG Recovery Act Funding	674.50	
TOTAL (if SUBTOTAL, check here)					674.50	

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
246	1218	425	1025	Overtime		144.02
246	1218	425	1026	Term Employee	240.91	
246	1218	425	2005	Employee Benefits		248.80
246	1218	425	3005	Gas & Oil	97.57	
246	1218	425	3503	Vehicle Maintenance	729.66	
246	1218	425	4007	Supplies (Janitorial)		0.17
TOTAL (if SUBTOTAL, check here XX)					1068.14	392.99

Requesting Department Approval: [Signature] Title: Sheriff Date: 8-9-10

Finance Department Approval: [Signature] Date: 8/16/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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
246	1218	425	6007	Office Supplies	0.19	
246	1218	425	6008	Field Supplies		0.44
246	1218	425	7090	Misc		0.40
TOTAL (if SUBTOTAL, check here)					0.19	0.84

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Page 3 of 5**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DEPARTMENT CONTACT: Name: Ralph Lopez – Region III Dept/Div: County Sheriff / Region III Phone No.: 473-7021

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 budget increase is being requested to bring the current budgeted amount through the County in line with the Awarded Amount for the current Fiscal Year.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1025	Decrease Overtime	Permanent	Agent
1026	Term employee / Increase, bal. Budget	Term	Admin. Secretary / Program Mgr.
2005	Employee Benefits, Decrease Bal. Budget	Term	Admin. Secretary / Prog. Mgr.

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense XX or for NON-RECURRING (one-time only) expense _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez – Region III Dept/Div: County Sheriff / Region III Phone No.: 473-7021

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

- 3) 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, YES _____ NO XX
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES XX NO _____
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. These monies are a Federal Award through the JAG, ARRA Funding for Fiscal Year 2009 through 2011.
 - c) Is this request is a result of Commission action? YES _____ NO XX
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

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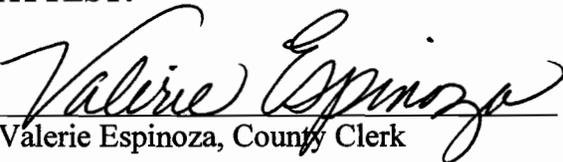
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 31st Day of August, 2010.

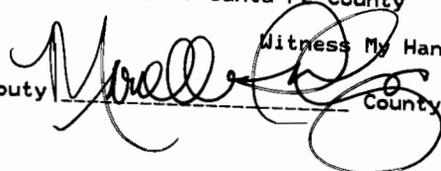
Santa Fe Board of County Commissioners


Harry B. Montoya, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of September, 2010 at 11:29:11 AM
And Was Duly Recorded as Instrument # 1609617
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy  County Clerk, Santa Fe, NM