

SANTA FE COUNTY

RESOLUTION 2010 - 142

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's Department / Region III Fund Name: Equitable Sharing Account; Federal Forfeitures

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
225	1205	385	0300	Grants / Fines & Forfeitures	\$57,358.97	
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
225	1205	425	8009	Vehicles	55,000.00	
225	1205	425	8099	Equipment Purchase	2,358.97	
TOTAL (if SUBTOTAL, check here )					57,358.97	

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

Finance Department Approval: [Signature] Date: 8/10/2010 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

## SANTA FE COUNTY

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## RESOLUTION 2010 -

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**DEPARTMENT CONTACT: Name: Ralph Lopez, Program Manager Dept/Div: Sheriff / Region III Phone No.: 505-473-7021**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 is a request to increase the budget for Fund 225-Cost Center 1205 in the amount of 57,358.97, which are funds Awarded to Region III through the Equitable Sharing Program, by Federal Law Enforcement Agencies, DEA and FBI. These funds are the result of joint operations where Assets are seized and the Forfeiture is processed through the US Attorney's Office.

a) Employee Actions NONE

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

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
8099	Surveillance Equipment for Task Force	2,358.97
8009	Purchase of two / possible three vehicles for agents, through GSA Contract	55,000.00

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

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Ralph Lopez, Program Manager Dept/Div: Sheriff's Dept. / Region III Phone No.: 505-473-7021

**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. This request is to increase the budget in the Equitable Sharing Program from Federal Law Enforcement Agencies; DEA and FBI, as a result of joint investigations.
  - 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

[Signature]
Harry B. Montoya, Chairperson

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE ) BCC RESOLUTIONS
STATE OF NEW MEXICO ) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of September, 2010 at 11:29:12 AM
And Was Duly Recorded as Instrument # 1609618
Of The Records Of Santa Fe County
[Signature] Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM