

# SANTA FE COUNTY

## RESOLUTION 2010 - 20

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

**Whereas, the Board of County Commissioners meeting in regular session on Feb. 23, 2010, did request the following budget adjustment:**

Department / Division: Sheriff's Office

Fund Name: General Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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	1212	371	09.00	State Grant-NMDOT/Traffic Safety PA# (09-AL-FTE164-091)	262,950.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>262,950.00</b>	

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	1212	424	10.26	Salary & Wages/Term Employees	179,405.41	
246	1212	424	20.02	Employee Benefits/FICA-Medicare	2601.38	
246	1212	424	20.03	Employee Benefits/Retirement Contributions	49,802.95	
246	1212	424	20.05	Employee Benefits/Healthcare	28,808.00	
246	1212	424	20.06	Employee Benefits/Retiree Healthcare	2332.27	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>262,950.00</b>	

Requesting Department Approval: [Signature] Title: Sheriff Date: 1-12-10

Finance Department Approval: [Signature] Date: 1/14/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 3/2/10 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2010 - 27

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano - Sheriff Dept/Div: Sheriff's Office Phone No.: (505) 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. Request for increase is to budget grant awarded by the NMDOT/PA# 09-AL-FTE164-091 (amendment 1) for the Impaired Driving Demonstration Program. The funding for this grant is specifically for the 3 term law enforcement officers that are deducted to enforcing DWI Laws, which will assist in reducing the percentage of DWI/DUI injuries and fatalities in the state of New Mexico.

a) Employee Actions

Table with 4 columns: 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:

Table with 3 columns: Line Item, Detail (what specific things, contracts, or services are being added or deleted), Amount

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

SANTA FE COUNTY

RESOLUTION 2010- \_\_\_\_\_

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DEPARTMENT CONTACT:

Name: Greg Solano - Sheriff Dept/Div: Sheriff's Office Phone No.: (505) 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.):

- 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 X
If YES, cite statute and attach a copy.
b) Does this include state or federal funds? YES X 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.
Title: Impaired Driving Demonstration Program
Project #: 09-AL-FTE164-091 (amendment 1)
Award Period: October 1, 2009 to September 30, 2010
Amount: \$262,950.00
c) Is this request of Commission action? YES NO X
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.
N/A

