

RESOLUTION 2011 - 34

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

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_ did request the following budget adjustment:

Department / Division: Sheriff 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	350	0300	Grants / Fines & Forfeitures	38,288.96	
<b>TOTAL (if SUBTOTAL, check here )</b>					38,288.96	

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	40-02	Maintenance Contracts	2,500.00	
225	1205	425	80-03	Equipment & Machinery	7,700.00	
225	1205	425	80-09	Inventory Exempt	1,000.00	
225	1205	425	80-99	Vehicles	25,588.96	
225	1205	425	60-03	Uniform /Linen Expenses	1,500.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					38,288.96	

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

Finance Department Approval: [Signature] Date: 3/21/11 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph W. Lopez, Program Manager Dept/Div: Sheriff's Department / 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 \$38,288.96 which are funds Awarded to Region III through the Equitable Sharing Program, by Federal Law Enforcement Agencies, DEA or FBI. These funds are the result of joint operations where Assets are seized and the Forfeiture is processed through the US Attorney's Office. The purpose of this budget is to purchase equipment for the agents for conducting investigations and the future purchase of a vehicle.

a) Employee Actions

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
80-03	Purchase of camera, to include zoom lens for Investigations	7,700.00
80-09	Purchase of vehicle for agent	25,588.96
80-99	Pay Balance due to United States Marshal on seized vehicle	1,000.00

- 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 W. 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. None

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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 29 Day of March, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

ATTEST:

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 29TH Day Of March, 2011 at 02:33:32 PM And Was Duly Recorded as Instrument # 1630896 Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office Valerie Espinoza County Clerk, Santa Fe, NM
Deputy Marcella