

SANTA FE COUNTY

RESOLUTION 2013 - 105

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

Whereas, the Board of County Commissioners meeting in regular session on October 29, 2013 did request the following budget adjustment:

Department / Division: SHERIFF / REGION III Fund Name: LAW ENFORCEMENT OPERATIONS FUND (246)

Budget Adjustment Type: BUDGET INCREASE Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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	1204	372	0800	Federal Grant Award / Edward Byrne Memorial Justice Assistance Grant (JAG) through the Dept. of Public Safety Fiscal Year 2014.	20,000.00	
TOTAL (if SUBTOTAL, check here)					20,000.00	

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	1204	425	10-26	Term Employee	7,544.00	
246	1204	425	20-01	FICA/Employers Share	467.74	
246	1204	425	20-02	FICA/Medicare	109.39	
246	1204	425	20-03	PERA/Employers Share	1,969.80	
246	1204	425	20-05	Healthcare	594.00	
246	1204	425	20-06	Retiree Health	150.88	
246	1204	425	20-08	Workers Comp	4.40	
246	1204	425	73-02	Sheriff's Expense	9,159.79	
TOTAL (if SUBTOTAL, check here)					20,000.00	

Requesting Department Approval: [Signature] Title: Captain Date: 10.8.13

Finance Department Approval: [Signature] Date: 10/15/13 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10.29.13 Updated by: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2013 - 105

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph Lopez / Program Manager Dept/Div: Region III / Sheriff 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 request is the result of Supplemental Funding awarded to Region III from the Department of Public Safety, through the Grants Management Bureau for the current Fiscal Year.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Budget Increase	Term	Program Mgr. / Adm. Assistant
10-21	Budget Increase; to Benefits	Term	Program Mgr. / Adm. Assistant

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 / Program Manager

Dept/Div: Region III / Sheriff

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.):

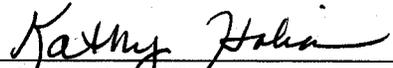
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) ~~If this~~ is a state special appropriation, YES _____ NO XX
If YES, cite statute and attach a copy.
 - b) Does this include state or federal 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. The sub-Grant Agreement for JAG in the amount of \$129,094.00 for this fiscal year has been signed and approved. The additional funding of \$20,000.00 is supplemental monies through the Department of Public Safety, Grants Management Bureau to be used for the current Fiscal Year.
 - 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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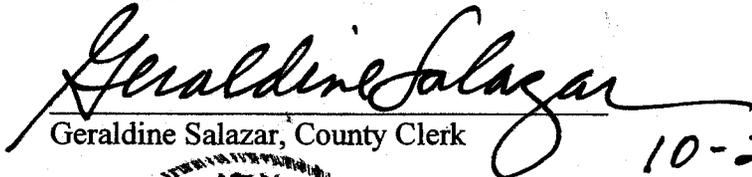
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

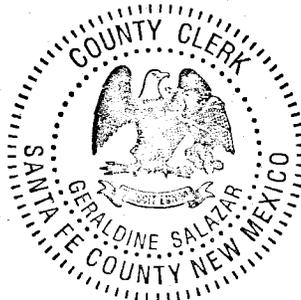
Approved, Adopted, and Passed This 29th Day of October, 2013.

Santa Fe Board of County Commissioners


Kathy Holian, Chairperson

ATTEST:

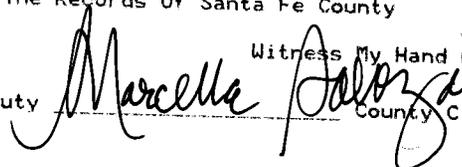

Geraldine Salazar, County Clerk 10-29-2013



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 1ST Day Of November, 2013 at 08:40:49 AM
And Was Duly Recorded as Instrument # **1722055**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy  Geraldine Salazar
County Clerk, Santa Fe, NM