

RESOLUTION 2013 - 122

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

Whereas, the Board of County Commissioners meeting in regular session on November 26, 2013, did request the following budget adjustment:

Department / Division: Country Sheriff Fund Name: Law Enforcement Operations Fund (LEOF-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	1222	372	0904	Operation Driving While Intoxicated (ODWI)	\$37,120	
246	1229	371	0900	Operation Buckle Down (OBD)/Click It or Ticket (CIOT)	\$8,400	
246	1221	371	0900	Selective Traffic Enforcement Program (STEP)	\$2,880	
TOTAL (if SUBTOTAL, check here _____)					\$48,400	

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	1222	424	1025	ODWI: Salary & Wages / Overtime	\$36,581.76	
246	1222	424	2002	ODWI: Employee Benefits / FICA-Medicare	\$538.24	
246	1229	424	1025	OBD/CIOT: Salary & Wages / Overtime	\$8,278.20	
246	1229	424	2002	OBD/CIOT: Employee Benefits / FICA-Medicare	\$121.80	
246	1221	424	1025	STEP: Salary & Wages / Overtime	\$2,838.24	
246	1221	424	2002	STEP: Employee Benefits / FICA-Medicare	\$41.76	
TOTAL (if SUBTOTAL, check here _____)					\$48,400.00	

Requesting Department Approval: [Signature] Title: Country Sheriff Date: 11-31-13

Finance Department Approval: [Signature] Date: 11/13/13 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11-26-13 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Undersheriff Ron Garcia Dept/Div: Sheriff's Office Phone No.: (505) 986-2457

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 increases to the following budgets for overtime/personal services awarded to the Sheriff's Office by NMDOT/Programs Divisions, Traffic Safety Bureau:
 - PA# 14-AL-64-091 / Operation DWI
The purpose of ODWI is to provide funding to New Mexico law enforcement agencies for Driving While Impaired (DWI) sobriety checkpoints, saturation patrols, and other DWI-related activities aimed at reducing alcohol-related crashes, injuries, and deaths.
 - PA# 14-OP-RF-091: Operation Buckle Down (OBD) / Click It or Ticket (CIOT)
The purpose of OBD and CIOT programs are to provide funding to New Mexico law enforcement agencies to enforce seatbelt and child restraint laws, to participate in child restraint training, and clinics. Agencies receiving OBD funds are required to participate in the CIOT national mobilization and conduct, at minimum, one (1) nighttime seatbelt operation.
 - PA# 14-RF-01-091/Selective Traffic Enforcement Program (STEP)
The purpose of S.T.E.P. is to provide funding to New Mexico law enforcement agencies to enforce traffic laws and activities aimed at reducing traffic-related injuries and fatalities.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
ODWI / 10.25	Salary & Wages / Overtime	Existing/Permanent	Patrol/Deputy
OBD / 10.25	Salary & Wages / Overtime	Existing/Permanent	Patrol/Deputy
S.T.E.P. / 10.25	Salary & Wages/Overtime	Existing/Permanent	Patrol/Deputy

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 _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid Dept/Div: Sheriff's Office Phone No.: (505) 986-2457

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.

Operation Driving While Impaired (ODWI)
Project No.: 14-AL-64-091
Award Period: October 1, 2013 to September 30, 2014
Amount Awarded: \$37,120.00

Operation Buckle Down (OBD) / Click It or Ticket (CIOT)
Project No.: 14-OP-RF-091
Award Period: OBD: October 1, 2013 to September 30, 2014
CIOT: May 19, 2013 to June 1, 2014
Amount Awarded: \$8,400.00

Selective Traffic Enforcement Program (S.T.E.P.)
Project No.: 14-RF-01-091
Award Period: October 1, 2013 to September 30, 2014
Amount Awarded: \$2,880.00

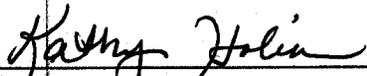
- c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
- d) Please identify other funding sources used to match this request.
N/A

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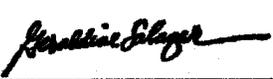
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 26th Day of November, 2013.

Santa Fe Board of County Commissioners


Kathy Holian, Chairperson

ATTEST:


Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of November, 2013 at 12:36:20 PM
And Was Duly Recorded as Instrument # 1724257
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM