

# SANTA FE COUNTY

## RESOLUTION 2013 - 31

**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's Office Fund Name: Law Enforcement Operation Fund (LEOF)

Budget Adjustment Type: Increase Budget Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	1223	371	09.01	Click It or Ticket (CIOT)	\$5,037.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$5,037.00</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	1201	424	10.25	Salary & Wages / Overtime	\$4,965.01	
246	1201	424	20.02	Employee Benefits / FICA Medicare	\$71.99	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$5,037.00</b>	

Requesting Department Approval: [Signature] Title: Sheriff Date: 3-11-13

Finance Department Approval: [Signature] Date: 3/13/13 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 4-11-13 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

## DEPARTMENT CONTACT:

Name: Robert A. Garcia/Sheriff Dept/Div: Sheriff's Office/LEOF 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 a budget increase for overtime/personal services awarded to the Sheriff's Office through New Mexico Department of Transportation on PA# 13-OP-CIOT-091. Funding from this program will assist the Santa Fe County Sheriff's Office with the overtime needed to conduct law enforcement activities aimed at reducing traffic-related injuries and fatalities by conducting visible patrols in high crash locations, identified through use of local data. Used to enforce seatbelt and child restraint laws and participate in child restraint training and clinics.**

## a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25	Salary and Wages / Overtime	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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Page 3 of 4*ATTACH ADDITIONAL SHEETS IF NECESSARY.***DEPARTMENT CONTACT:**

Name: Robert A. Garcia/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: **Click It or Ticket (CIOT)**  
 Project #(s): **13-OP-CIOT-091 (CIOT)**  
 Award Amt: **\$5,037.00**  
 Award Period(s): **May 20, 2013 – June 2, 2013**

- 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 26 Day of March, 2013.

Santa Fe Board of County Commissioners

Kathy Holian  
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar 4/1/2013  
Geraldine Salazar, County Clerk



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 2ND Day Of April, 2013 at 10:32:18 AM  
And Was Duly Recorded as Instrument # 1701210  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy Marcella [Signature] County Clerk, Santa Fe, NM