

**RESOLUTION 2013 - 95**

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

Whereas, the Board of County Commissioners meeting in regular session on September 24, 2013 did request the following budget adjustment:

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

Budget Adjustment Type: BUDGET DECREASE 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.		44,477.00
<b>TOTAL (if SUBTOTAL, check here )</b>						44,477.00

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	10-25	Overtime Pay		8,349.00
246	1204	425	10-26	Term Employees		9,595.00
246	1204	425	20-01	FICA/Employers Share		685.00
246	1204	425	20-02	FICA/Medicare		129.00
246	1204	425	20-03	PERA/Employers Share		2,315.00
<b>TOTAL (if SUBTOTAL, check here <u>XX</u> )</b>						21,073.00

Requesting Department Approval: [Signature] Title: Captain Date: 8.28.13  
 Finance Department Approval: [Signature] Date: 9/11/13 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 9.24.13 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**

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**BUDGET ADJUSTMENT CONTINUATION SHEET**

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
<b>TOTAL (if SUBTOTAL, check here )</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	1204	425	20-05	Group Insurance		1,397.00
246	1204	425	20-06	Retiree Health Care		194.00
246	1204	425	40-07	Maintenance Supplies		500.00
246	1204	425	50-03	Contractual Professional Services		10,349.00
246	1204	425	60-07	Operational Supplies		\$1,000.00
246	1204	425	73-02	Sheriff's Expense		9,964.00
				Page Subtotal		\$23,404.00
<b>TOTAL (if SUBTOTAL, check here )</b>						\$44,477.00

## SANTA FE COUNTY

RESOLUTION 2013 - 95**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. The request is the result of the JAG Grant Award to Region III for the current fiscal year being reduced by approximately 63.75 %. The amount of funding awarded to the State had also been reduced by BJA, Bureau of Justice Assistance. Region III will relying on Program Income and HIDTA funding to last the fiscal year.

## a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-25	Reduced, due to budget cuts	Permanent	Prog. Mgr. / Adm. Assistant
10-26	Reduced, due to budget cuts	Term	Agent

## 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
50-03	Overtime for other Law Enforcement Agencies, reduced due to budget cuts.	10,349.00

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

SANTA FE COUNTY

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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 reflecting the awarded amount of \$129,094.00 for this fiscal year is currently at the Department of Public Safety pending final signature by the Cabinet Secretary.
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 24th Day of September, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk
9/24/2013



COUNTY OF SANTA FE ) BCC RESOLUTIONS
STATE OF NEW MEXICO ) ss PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 25TH Day Of September, 2013 at 03:00:33 PM
And Was Duly Recorded as Instrument # 1718996
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy County Clerk, Santa Fe, NM

