

SANTA FE COUNTY

RESOLUTION 2014 - 22

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

Whereas, the Board of County Commissioners meeting in regular session on 2-25-14, did request the following budget adjustment:Department / Division: Sheriff's OfficeFund Name: DWI SeizureBudget Adjustment Type: IncreaseFiscal 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	1223	371	0900	NMDOT: DWI Seizure Lot Clerical Position	\$62,000.00	
TOTAL (if SUBTOTAL, check here _____)					\$62,000.00	

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	1223	424	1024	Salary	\$31,246.00	
246	1223	424	1025	Overtime	\$2,000.00	
246	1223	424		Benefits	\$2,754.00	
246	1223	424	5003	Professional	\$3,000.00	
246	1223	424	6007	Supplies	\$4,000.00	
246	1223	424	6001	Equipment: Non-Consumable Supplies	\$4,000.00	
246	1223	424	8003	Capital: Equipment & Machinery	\$13,000.00	
246	1223	424	8095	Capital: Computers & Peripherals (Inv-Exempt)	\$2,000.00	
TOTAL (if SUBTOTAL, check here _____)					\$62,000.00	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 1-30-14Finance Department Approval: [Signature] Date: 2/1/14 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 2-25-14 Updated by: _____ Date: _____

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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.):

- 1) Please summarize the request and its purpose.
 The Sheriff's Office has been provided funding for one (1) full-time clerical position to assist with the processing of all necessary paperwork required for vehicle forfeiture cases to handle the rapidly growing vehicle forfeiture caseload. Funding will only be used for the vehicle forfeiture program and cannot be used for other purposes. Funding includes, salary & wages, supplies, equipment, and anything needed to start the new position.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-24	Term Employee for DWI Seizure	Term	Clerical

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 / 50-90	Contractual Services	\$3,000.00
80-03	Equipment for position	\$13,000.00
80-95	Computer – Inventory Exempt	\$2,000.00

- 2) Is the budget action for RECURRING expense X or for NON-RECURRING (one-time only) expense X
 This budget is for both recurring and non-recurring items. We will be purchasing the majority of items during FY14 but will also have supplies for FY15. Grant expires September 30, 2014.

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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.

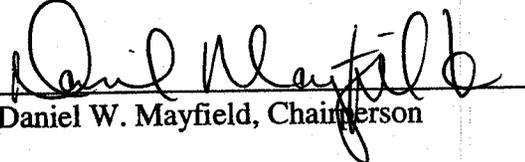
 NMDOT: Clerical Position for DWI Seizure Division
 Project No.: 14-AL-64-P101
 Award Period: October 1, 2013 to September 30, 2014
 Amount Awarded: \$75,000.00
 - FY14: \$62,000.00
 - FY15: \$13,000.00
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

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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.

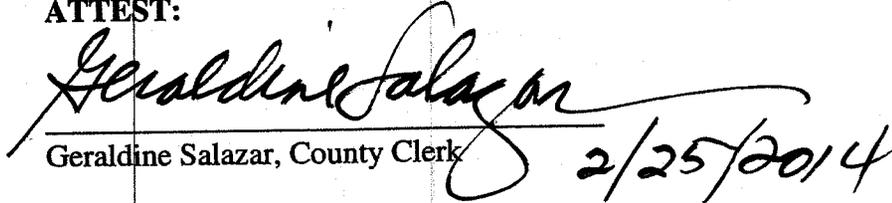
Approved, Adopted, and Passed This 25 Day of February, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chairperson



ATTEST:


Geraldine Salazar, County Clerk 2/25/2014



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 26TH Day Of February, 2014 at 03:33:58 PM And Was Duly Recorded as Instrument # 1730889 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM