

# SANTA FE COUNTY

## RESOLUTION 2014 - 008

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

Whereas, the Board of County Commissioners meeting in regular session on January 28, 2014, did request the following budget adjustment:

Department / Division: Sheriff's Office Fund Name: Law Enforcement Operating Fund (LEOF)

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	1232	381	0300	Joint Law Enforcement Operations (JLEO)	\$5,000.00	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					\$5,000.00	

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	1232	424	10.25	Salary & Wages / Overtime	\$4,927.50	
246	1232	424	20.02	Employee Benefits / FICA Medicare	\$72.50	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					\$5,000.00	

Requesting Department Approval: [Signature] Title: Chief Sheriff Date: 1-16-14

Finance Department Approval: [Signature] Date: 1/23/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 1-28-14 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**  
**RESOLUTION 2014 - 008**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Undersheriff Ron Madrid 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.):**

- 1) Please summarize the request and its purpose.  
 The United States Marshals has granted the Santa Fe Sheriff's Office a grant in the amount of \$5,000.00 to use for overtime reimbursement in support of the Joint Law Enforcement Operations (JLEO) program. The primary mission of the task force is to investigate and arrest, as part of joint law enforcement operations, person who have active state and federal warrants for their arrest. The intent of the joint effort is to investigate and apprehend local, state and federal fugitives, thereby improving public safety and reducing violent crime.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25	Overtime	Full-Time / Permanent	Deputy / Patrol
20-02	Employee Benefits / FICA Medicare	Full-Time / Permanent	Deputy / Patrol

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

**SANTA FE COUNTY**  
**RESOLUTION 2014 - 008**

Page 3 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

## DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid 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: **Joint Law Enforcement Operations (JLEO) Program**  
 Project#: **JLEOTFS4 (Fund# AFF-B-OP-1)**  
 Award Amt: **\$5,000.00**  
 Award Period: **October 6, 2013 thru September 30, 2014**

- 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

SANTA FE COUNTY

RESOLUTION 2014 - 008

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 28th Day of January, 2014.

Santa Fe Board of County Commissioners

*Daniel W. Mayfield*  
Daniel W. Mayfield, Chairperson

ATTEST:

*Geraldine Salazar*  
Geraldine Salazar, County Clerk 1-28-2014



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 29TH Day Of January, 2014 at 02:30:25 PM  
And Was Duly Recorded as Instrument # 1728778  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy *Marcello* County Clerk, Santa Fe, NM