REGION III DRUG ENFORCEMENT TASK FORCE

Law Enforcement Working Together to Serve Santa Fe, Los Alamos, Rio Arriba and Taos Counties in New Mexico

P. O. Box 23118
Santa Fe, NM 87502
(505) 471-1715 or (800) 662-6660

DATE: November 05, 2014

TO: The Board of County Commissioners
Santa Fe County, Santa Fe New Mexico

Cc: Katherine Miller, County Manager

FROM: Ralph W. Lopez, Region III
Program Manager

VIA: Robert Garcia, Sheriff
Santa Fe County Sheriff's Office

RE: Resolution 2014 – A Resolution Requesting a Budget Increase to the Federal Forfeiture Fund (225) to Budget New Forfeitures and Auction Proceeds / $5,406.50. (Finance/Teresa Martinez)

BACKROUND:

Region III Task Force is requesting approval of a Resolution through the Board of County Commissioners for a budget increase to the Federal Forfeitures Fund (225).

ISSUE:

Region III has been awarded $3,692.50 through the Federal Equitable Sharing Program and received $1,714 from the sale of a Region III vehicle through the Santa Fe County auction for a total amount $5,406.50. These funds will be used for required maintenance repairs.

RECOMMENDATION:

Region III is requesting approval of a budget increase to the Federal Forfeitures Fund (225) in the amount of $5,406.50. Your consideration will be greatly appreciated.

RWL

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 25, 2014, did request the following budget adjustment:

Department / Division: Sheriff's Department / Region III

Fund Name: Equitable Sharing Account Federal Forfeitures (225)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
225	1205	350	0300	Fines & Forfeitures	3,692.50	
225	1205	360	0500	Sale of Tangible Property	1,714.00	
TOTAL (if SUBTOTAL, check here)					5,406.50	

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
225	1205	425	40-01	Maintenance Building/Structures	5,406.50	
TOTAL (if SUBTOTAL, check here)					5,406.50	

Requesting Department Approval: _____ Title: Sheriff Date: 11-3-14

Finance Department Approval: Teresa Martinez Date: 11/10/14 Entered by: _____ Date: _____

County Manager Approval: Katherine Miller Date: 11-13-14 Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Ralph Lopez, Program Manager **Dept/Div:** Sheriff / Region III **Phone No.:** 505-473-7021

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.

  This Resolution is requesting to increase the Program Income Cost Center 225-1205 from the sell of tangible property (1 Vehicle) and the distribution of Federal Funds which were awarded through the Equitable Sharing Program. This funding will be used for required maintenance repairs.

  a) Employee Actions: NONE

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

  b) Professional Services (50-xx) and Capital Category (80-xx) detail: NONE

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Program Manager Dept/Div: Sheriff's Office / Region III Phone No.: 505-473-7021

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 ___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. Cost-Center 225-1205 is supported through the Federal Equitable Sharing Program, Region III has been participating in since 2001. This also includes the sell of a Region III vehicle, through the Santa Fe County Auction.

  - 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.
    There are no other funding sources to match this request.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 25th Day of November, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

Memorandum

To: Santa Fe Board of County Commissioners

From: Donna Morris, Fire Department

Thru: David Sperling, Fire Chief DMS
Pablo Sedillo, Public Safety Director
Katherine Miller, County Manager 11.13.14

Date: November 10, 2014

Re: **Resolution 2014 - A Resolution Requesting a Budget Increase to the Fire Operations Fund (244) to Budget a Monetary Donation Made to the Santa Fe County Fire Department / $6,000 (Public Safety/Fire)**

BACKGROUND:

The Santa Fe County Fire Department is requesting BCC approval to budget a monetary donation in the amount of $6,000 made by the St. Vincent Hospital Foundation to the Santa Fe County Fire Department for the purchase of narcan kits.

SUMMARY:

Please approve this request for a budget increase to the Fire Operations Fund (244) in the amount of $6,000.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 25, 2014, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations Fund (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
244	0000	360	01-90	Revenue/Miscellaneous Donation	6,000	
TOTAL (if SUBTOTAL, check here)					6,000	

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
244	0801	421	60-05	Supplies/ Non-Capital Med & Lab Supplies	6,000	
TOTAL (if SUBTOTAL, check here)					6,000	

Requesting Department Approval: _____ Title: Chief Date: 11-10-14

Finance Department Approval: _____ Date: 11/12/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: 11-13-14 Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Donna Morris Dept/Div: Fire Department/Administration Phone No.: 992-3082

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.

  Requesting BCC approval for a budget increase to the Fire Operations Fund (244) for a monetary donation made by the St. Vincent Hospital Foundation to purchase Narcan Kits.

  a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

  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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Department/Administration Phone No.: 992-3082

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__

  - b) Does this include state or federal funds? YES _____ NO __X__
    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.

    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 - _____

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Approved, Adopted, and Passed This 25th Day of November, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chair

ATTEST:

_____
Geraldine Salazar, County Clerk