RESOLUTION 2006 - <u>/59</u>

| Page | 1 | of | 4 |
|------|---|----|---|
| | | | |

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 26, 2006, did reque | st the following budget adjustment: |
|------------------------------|--|----------------------------------|-------------------------------------|
|------------------------------|--|----------------------------------|-------------------------------------|

| Department / Division: | County Sheriff | Fund Name: | General Fund |
|------------------------|-------------------|--------------|-------------------------------------|
| Budget Adjustment Type | : Budget Increase | Fiscal Year: | 2007 (July 1, 2006 - June 30, 2007) |

BUDGETED REVENUES: (use continuation sheet, if necessary)

| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENTA OBJECT XXXX | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---------------------|---------------------------------|------------------------|----------------------------|-----------------|--------------------|--------------------|
| 101 | 1201 | 372 | 0901 | Federal Grant | 60,000 | · |
| TOTAL (i | f Subtotal, c | eck here) | | | | |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND | DEPARTMENT/ DIVISION | ACTIVITY BASIC/SUB | ELEMENT/ | CATEGORY/LINE ITEM | INCREASE | DECREASE |
|----------|-------------------------|-----------------------|----------|---|----------|-----------------|
| 101 | 1201 | 424 | 1024 | Salary & Wages / Temporary Employees | 41,802 | <u>. AMOUNT</u> |
| | | | , | | | |
| 101 | 1201 | 424 | 2001 | Employee Benefits / FICA - Regular | 2,592 | |
| 101 | 1201 | 424 | 2002 | Employee Benefits / FICA – Medicare | 606 | |
| 101 | 1201 | 424 | 3003 | Travel / In State Meals & Lodging | 4,000 | |
| 101 | 1201 | 424 | 3004 | Travel / Out of State Meals & Lodging | 4,000 | |
| 101 | 1201 | 424 | 8003 | Capital Purchases / Equipment & Machinery | 7,000 | |
| TOTAL (i | f SUBTOTAL, ch | eck here | / / | | 60,000 | |

| TOTAL (II SUDTOTALL, CHECK HOLE | | | BO,000 |
|---------------------------------|-------------------------|-------------|---------------|
| Requesting Department Approval: | Title: | die | Date: 9-14-66 |
| Finance Department Approval: | @ Mosters Date: 9-14-06 | Entered by: | Date: |
| County Manager Approval: | Date: | .* | |

RESOLUTION 2006 - <u>159</u>

| ATTACH | ADDITIONAL. | SHEETS | IF NECESSARY. |
|--------|-------------|--------|---------------|
| | | | |

| DEPA | RTMENT CONTACT: | | | |
|-------|--|---|--|---------------------------|
| Name: | : Greg Solano | Dept/Div: County Sheriff | Phone No.: <u>986-2455</u> | |
| | AILED JUSTIFICATION FOR REQUED ther laws, regulations, etc.): | STING BUDGET ADJUSTMENT (If applic | able, cite the following authority: State Stat | ute, grant name and award |
| • 1) | | rpose. e General Fund (101) /County Sheriff's budget ice for a forensic analysis computer person to d | | |
| • 2) | | e Fiscal Year 2007 Operating Budget? scal year 2007 operating budget was prepared. | | |
| • 3) | Is the transfer recurring or non-recurring This increase is non-recurring. | g and what are the future funding impacts of thi | s request? | |
| • 4) | | ce? If so, please identify (i.e. General Fund, striation, cite statute and attach a copy. opriation. | ate funds, federal funds, etc.), and address the f | following: |
| | b) If this is a state or federal grand Subcontract No. EKU 07-116 Amount: \$60,000 | t, cite grant name, number, award date and amo Santa Fe Co. SO Award Period: July 1, 2 | unt. 2006 through October 31, 2006 | · |

SANTA FE COUNTY

Page 3 of 4

| ATTACH | ADDITIONAL. | SHEETS IF NECESSARY. |
|--------|-------------|----------------------|
| AIIALD | AUUITKINAL | onee io ir necessari |

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|---|--|
| | |
| | |

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

Phone No.: 986-2455

• 4) (Continued):

Name:

DEPARTMENT CONTACT:

Greg Solano

• c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

This request is not a result of Commission action.

Dept/Div: County Sheriff

- d) Please identify other funding sources that can be used to match this request.

 There are no other funding sources to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

 The requested amount is to purchase computer forensic analysis equipment.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.

This request is for a temporary Forensic Computer Analyst position through October 31, 2006.

SANTA FE COUNTY

RESOLUTION 2006 - <u>159</u>

Page 4 of 4

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.

Santa Fe Board of County Commissioners

Approved, Adopted, and Passed This 26th Day of September, 2006.

Harry Mor

Approved As To Form.

Stephen Ross, County Attorney

Valerie Espinoza, County/Clerk

COUNTY OF SANTA FE , BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4

Hereby Certify That This Instrument Was Filed for Second On The 27TH Day Of September, A.D., 2006 at 15 41

Of The Records Of Santa Re County

Witness My Hand And Seal Of Office Valerie Espinoza