

SANTA FE COUNTY

RESOLUTION 2011 - 9

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

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

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

Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	1201	372	09.04	Grant/Department of Public Safety – NMSP Agreement # 11-SEDWI-SFSO	19,333.00	
TOTAL (if SUBTOTAL, check here)					19,333.00	

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	1201	424	10.25	Salary & Wages / Overtime	17,959.13	
246	1201	424	20.01	Employee Benefits / FICA Regular	1,113.47	
246	1201	424	20.02	Employee Benefits / FICA Medicare	260.40	
TOTAL (if SUBTOTAL, check here)					19,333.00	

Requesting Department Approval: _____ Title: _____ Date: 1-4-11

Finance Department Approval: Jensen Date: 1/4/11 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert Garcia - Sheriff 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.
 Request to increase budget is to budget funds for the 2011 Statewide Expanded Operation DWI Agreement# 11-SEDWI-SFSO. The funding from this agreement will pay the overtime needed to conduct warrant roundups for DWI offenders in Santa Fe County and surrounding areas

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25	Overtime	Permanent Positions	Sheriff's Deputies

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert Garcia - Sheriff 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:	2011 Statewide Expanded Operation DWI (SEDWI)
Agreement #:	11-SEDWI-SFSO
Award Period:	Oct 1, 2010 to Sept 15, 2011
Award Amount:	\$19,333.00

 - 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.
N/A

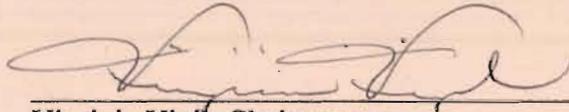
SANTA FE COUNTY

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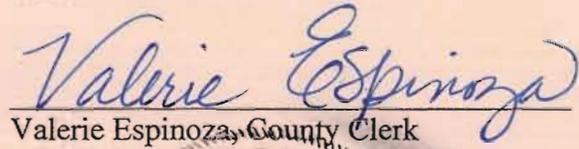
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 25 Day of January, 2011.

Santa Fe County Housing Authority Board


Virginia Vigil, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of January, 2011 at 02:52:49 PM
And Was Duly Recorded as Instrument # 1625404
Of The Records Of Santa Fe County
Deputy  Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of January, 2011 at 11:13:53 AM
And Was Duly Recorded as Instrument # 1625020
Of The Records Of Santa Fe County
Deputy  Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
BCC RESOLUTIONS
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