

RESOLUTION 2011 - 128

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2011 did request the following budget adjustment:Department / Division: Sheriff's Department / Region IIIFund Name: Law Enforcement Operations Fund (246)Budget Adjustment Type: Budget IncreaseFiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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	1218	372	0800	Federal Grants / Drug Enforcement	48,574.00	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					48,574.00	

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	1218	425	10-26	Term Employees	15,482.55	
246	1218	425	20-01	FICA - Regular	960.00	
246	1218	425	20-02	FICA - Medicare	224.00	
246	1218	425	20-03	Retirement Contributions	2,943.00	
246	1218	425	20-05	Healthcare	480.52	
246	1218	425	20-06	Retiree Healthcare	284.00	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					20,374.07	

Requesting Department Approval: [Signature] Title: Sheriff Date: 8-8-11Finance Department Approval: [Signature] Date: 8/22/2011 Entered by: _____ Date: _____

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

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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	1218	425	70-08	Insurance (Liability)	3,118.00	
246	1218	425	70-42	Sheriff's Expense	10,000.00	
246	1218	425	70-90	Misc.	2,313.05	
246	1218	425	80-95	Inventory Exempt Computers	7,768.88	
246	1218	425	80-03	Equipment & Machinery (camera's)	5,000.00	
TOTAL (if SUBTOTAL, check here)					48,574.00	

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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. The request of this Resolution is to budget for two more months (Oct-Nov) of salaries and the purchase of equipment which has been approved through Grants Management.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Budget Salaries for 60 days; October – November 2011	Term	Admin. Assist. / Prog. Mgr.
20-XX	Benefits for 60 days; October – November 2011	Term	Admin. Assist. / Prog. Mgr.

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
80-03	Purchase one (1) Camera	\$5,000.00
80-95	Purchase eight (8) Dell Laptop Computers	\$7,768.88

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

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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.):

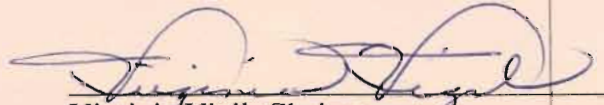
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO XX
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES XX 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. RA-JAG-Region III-SFY10; Awarded Extension funding, September 01, 2011 through November 30, 2011.
 - c) Is this request is a result of Commission action? YES _____ NO XX
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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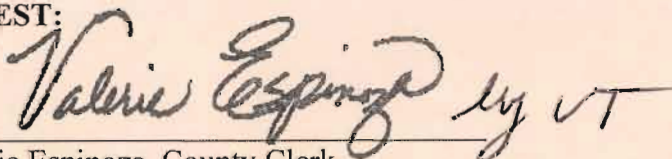
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of August, 2011.

Santa Fe Board of County Commissioners


Virginia Vigil, Chairperson

ATTEST:

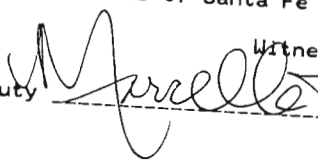

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of August, 2011 at 02:48:15 PM
And Was Duly Recorded as Instrument # 1644090
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM