## SANTA FE COUNTY RECORDED 08/31/2011

# RESOLUTION 2011 - 128

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

Whereas,	the Board of C	ounty Commiss	ioners meeting	in regular session on	August 30, 2011,	, did request the following	budget adjustment:
Department / Division: Sheriff's Department / Region III					Fund Name: Law Enforcement Operations Fund (246)		
Budget Adjustment Type: Baseline Increase  Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)  BUDGETED REVENUES: (use continuation sheet, if necessary)					0, 2012)_		
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX		VENUE AME	INCREASE AMOUNT	DECREASE AMOUNT
246	1206	372	0600	Federal Grants / Dri		2,014.00	AMOUNT
TOTAL (if SUBTOTAL, check here) 2,014.00							
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)							
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX		Y / LINE ITEM AME	INCREASE AMOUNT	DECREASE AMOUNT
246	1206	425	40-09	Janitorial Services		2,014.00	
TOTAL (i	f SUBTOTAL, ch	eck here)				2,014.00	
Requesting Department Approval:					Date: 8-8-11		
Finance Department Approval: UMDNEM asking Date: 8/00/00 P Entered by: Date:							
County Manager Approval: Date:						ted by:	Date:

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ATTACH ADDITIONALLY CHEETER IT NICCECCA	
ATTACH ADDITIONAL SHEETS IF NECESSA	$\nu \nu$

DEPARTMENT CONTACT:	Name: Ralph Lopez, Program Manager Dep	ot/Div: Sheriff's Dept. / Region III	Phone No.: <u>505-473-7021</u>
DETAILED JUSTIFICATION date, other laws, regulations, etc	FOR REQUESTING BUDGET ADJUSTMENT (If app.):	licable, cite the following authority: St	ate Statute, grant name and award
	uest and its purpose. This amount was inadvertently left of HIDTA amount for the current fiscal year. These monies v		
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 b	eing added or deleted)	Amount
ALTER ASSESSMENT AND DESIGNATION			
• 2) Is the budget action for F	RECURRING expense XX or for NON-RECURI	RING (one-time only) expense	

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ATTACH ADDITIONAL SHEETS IF NECESSARY

AIIAC		HONAL SHEETS II NECESSARI.		
DEPAI	RTMEN	T CONTACT:		
Name:	Ralph	Lopez, Program Manager	Dept/Div: Sheriff / Region III	Phone No.: 505-473-7021
		STIFICATION FOR REQUESTING BUDGET A s, regulations, etc.):	DJUSTMENT (If applicable, cite the followi	ng authority: State Statute, grant name and awar
• 3)		is request impact a revenue source? If so, please iden If this is a state special appropriation, YES If YES, cite statute and attach a copy.		ds, etc.), and address the following:
	• b)	Does this include state or federal funds? YES XIFYES, please cite and attach a copy of statute, if a saward letter and proposed budget. FY 2011 HIDTA	special appropriation, or include grant name, nu	umber, award date and amount, and attach a copy of a
	• c)	Is this request is a result of Commission action? YE If YES, please cite and attach a copy of supporting d		ance, 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



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

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of August, 2011 at 02:48:16 PM And Was Duly Recorded as Instrument # 1644091 Of The Records Of Santa Fe County