

SFC CLERK RECORDED 08/31/2011
SANTA FE COUNTY

RESOLUTION 2011 - 129

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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 August 30, 2011, **did request the following budget adjustment:**

Department / Division: Sheriff's Office/Impaired Driving Demonstration Prog. Fund Name: Law Enforcement OPS Fund

Budget Adjustment Type: Budget Increase Fiscal 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	1212	371	09.00	State Grant/NMDOT-Traffic Safety PA# (11-AL-FTE164-091)	30,830.00	
TOTAL (if SUBTOTAL, check here)					30,830.00	

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	1212	424	10.26	Salary & Wages/Term Employees	22,032.00	
246	1212	424	20.02	Employee Benefits/FICA-Medicare	320.00	
246	1212	424	20.03	Employee Benefits/Retirement Contributions	6,116.00	
246	1212	424	20.05	Employee Benefits/Healthcare	1,857.00	
246	1212	424	20.06	Employee Benefits/Retiree Healthcare	505.00	
TOTAL (if SUBTOTAL, check here)					30,830.00	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 8-11-11

Finance Department Approval: [Signature] Date: 8/22/2011 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/Impaired Driving Demo 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 budget remaining balance of \$30,830.00 from PA# 11-AL-FTE164-091/Impaired Driving Demonstration Program, the funding from this grant is utilized towards a deputy that is solely dedicated to enforcing DWI Laws which will help in the reduction of DWI related accidents, injuries and fatalities.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.26	Salary & Wages/Term Employee	DWI Officer/1	Deputy

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/Impaired Driving Demo-Prog. 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: IMPAIRED DRIVING DEMONSTRATION PROGRAM
PROJECT: 11-AL-FTE164-091
AWARD PERIOD: OCT 1, 2010 – SEPT 30, 2011
AWARD AMOUNT: TOTAL @ \$87,650.00 – budgeting remaining balance of \$30,380.00

- 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

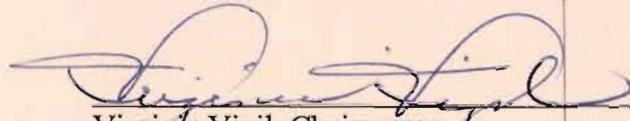
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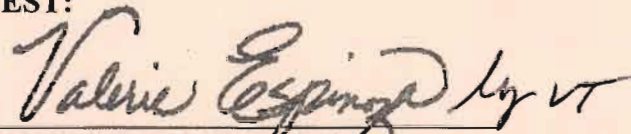
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of August, 2011 at 02:48:17 PM
And Was Duly Recorded as Instrument # **1644092**
Of The Records Of Santa Fe County

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