

RESOLUTION 2011 - 141

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 27, 2011, did request the following budget adjustment:

Department / Division: CMO/Finance Division & Sheriff's Office Fund Name: General Fund (101) & Sheriff's Operating Fund (246)

Budget Adjustment Type: 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 | 0000 | 390 | 0101 | Sheriff's Operating Fund/Transfers In | \$1,672 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$1,672 | |

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 |
|----------------------------------|---------------------------------|------------------------------|----------------------------|---|--------------------|--------------------|
| 101 | 0000 | 490 | 0246 | General Fund/Transfers Out | \$1,672 | |
| 101 | 0303 | 412 | 8003 | General Fund Capital Set Aside | | \$1,672 |
| 246 | 1201 | 424 | 8099 | Sheriff's Operating Fund/Inventory Exempt | \$1,672 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$3,344 | \$1,672 |

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: [Signature] Date: 9/16/11 Entered by: _____ Date: _____

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

RESOLUTION 2011 - 141

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: CMO/Finance Phone No.: 505-986-6375

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.

This Budget Resolution is to increase the General Fund transfers out to the Sheriff's Office from the General Fund capital set-aside to purchase 4-5 additional cameras that are being installed in the evidence room, along with a recording system which will upgrade the original system that was recently installed.

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 being added or deleted) | Amount |
|-----------|---|---------|
| 8099 | Enhanced building security system/equipment w/electronic locks, cameras, recorder, etc. | \$1,672 |
| | | |
| | | |
| | | |

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

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DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: CMO/Finance Phone No.: 505-986-6375

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? YES If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: Sheriff's Operating Fund(transfers in).
 - 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 _____ NO x
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.
 - 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.
There are no other funding sources to match this request.

RESOLUTION 2011 - 141

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 27th Day of September, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil
Chairperson

ATTEST:

Valerie Espinoza
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 28TH Day Of September, 2011 at 03:43:02 PM
And Was Duly Recorded as Instrument # **1646498**
Of The Records Of Santa Fe County

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