

SANTA FE COUNTY

RESOLUTION 2011 - 159

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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 October 25, 2011 did request the following budget adjustment:

Department / Division: SHERIFF / REGION III Fund Name: LAW ENFORCEMENT OPERATIONS FUND (246)

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	1211	372	0800	Federal Grant Award / Edward Byrne Memorial Justice Assistance Grant (JAG) through the Dept. Of Public Safety Fiscal Year 2011.	148,917.00	
TOTAL (if SUBTOTAL, check here)					148,917.00	

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	1211	425	10-25	Overtime	19,071.15	
246	1211	425	10-26	Term Employee	54,900.00	
246	1211	425	20-01	FICA-Regular	3,410.00	
246	1211	425	20-02	FICA-Medicare	800.00	
246	1211	425	20-03	Retirement Contributions	10,450.00	
246	1211	425	20-05	Healthcare	1,830.00	
246	1211	425	20-06	Retiree Healthcare	1,010.00	
TOTAL (if SUBTOTAL, check here <u>XX</u>)					91,471.15	

Requesting Department Approval: [Signature] Title: Sheriff Date: 9-30-11

Finance Department Approval: [Signature] Date: 10/13/11 Entered by: _____ Date: _____

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

SFC CLERK RECORDED 10/26/2011

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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	1211	425	50-90	Other Contractual Services	20,000.00	
246	1211	425	70-42	Sheriffs Expense	30,000.00	
246	1211	425	70-90	Misc:	7,445.85	
TOTAL (if SUBTOTAL, check here <u>XX</u>)					57,445.85	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph Lopez, Program Manager-Region III Dept/Div: Sheriff / Region III Phone No.: 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. **This request is to place the awarded amount of \$148,917.00 for this Fiscal Year through the Department of Public Safety from the Edward Byrne Memorial, Justice Assistance Grant into an operational budget for the Region III Drug Enforcement Task Force. Grant Agreement #11-JAG-10REV-REGIII-SFY12.**

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-25	Overtime Included in this Budget Request for 7 months		
10-26	Salaries included in this Budget Request for 7 months		
20-01	Benefits included in this Budget Request for 7 months		

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 XX or for NON-RECURRING (one-time only) expense _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez – Region III Dept/Div: Sheriff / Region III Phone No.: 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. **This request is to budget the awarded amount through the Department of Public Safety from the Edward Byrne Memorial, Justice Assistance Grant for the current fiscal year. Awarded amount \$148,917.00, Grant Agreement #11-JAG-10REV-REGIII-SFY12.**
 - 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.

SFC CLERK RECORDED 10/26/2011

SANTA FE COUNTY

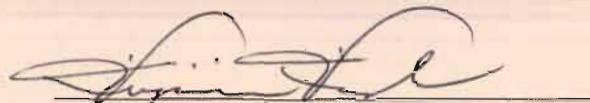
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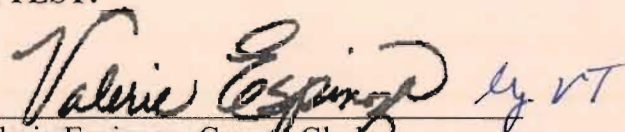
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

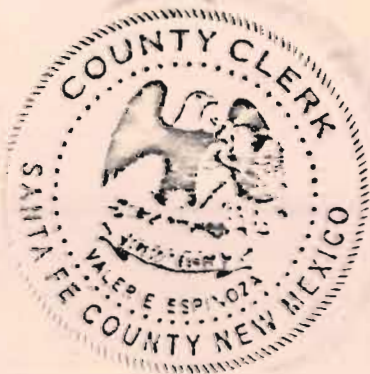
Approved, Adopted, and Passed This 25th Day of October, 2011.

Santa Fe Board of County Commissioners


Virginia Vigil, Chairperson

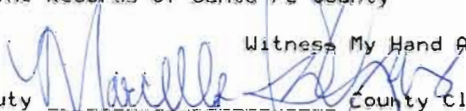
ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 26TH Day Of October, 2011 at 10:08:29 AM
And Was Duly Recorded as Instrument # 1649107
Of The Records Of Santa Fe County

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

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