

SANTA FE COUNTY RESOLUTION 2011 - 84

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

Whereas, the Board of County Commissioners meeting in regular session on June 14, 2011, did request the following budget adjustment:

Department / Division: Sheriff's Office / Public Safety Fund Name: Law Enforcement Operating Fund

Budget Adjustment Type: Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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 | 1221 | 371 | 09.00 | State NMDOT/Traffic Safety Bureau-Programs Division - Selective Traffic Enforcement (S.T.E.P.) PA# 11-RF-DS-091 | 4999.00 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 4999.00 | |

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 | 1221 | 424 | 10.25 | Salary & Wages / Overtime | 4643.75 | |
| 246 | 1221 | 424 | 20.01 | Employee Benefits / FICA Regular | 287.91 | |
| 246 | 1221 | 424 | 20.02 | Employee Benefits / FICA Medicare | 67.34 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 4999.00 | |

Requesting Department Approval: [Signature] Title: Commissioner Date: 5/18/11

Finance Department Approval: [Signature] Date: 6/6/11 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/Public Safety 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 for budget increase is to budget funds for overtime/personal services awarded to the Sheriff's Office on PA# 11-RF-DS-091/S.T.E.P grant. The funding from this grant will assist NM Law Enforcement agencies with the overtime needed to conduct traffic safety activities aimed at reducing traffic related injuries and fatalities.

a) Employee Actions

| Line Item | Action (Add/Delete Position, Reclass, Overtime) | Position Type (permanent, term) | Position Title |
|-----------|---|---------------------------------|----------------|
| 10.25 | Overtime | Full-time/Permanent | Deputy/Patrol |
| | | | |
| | | | |

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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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: SELECTIVE TRAFFIC ENFORCEMENT PROJECT (S.T.E.P.)
Project #: 11-RF-DS-094
Award Amt \$4999.00
Award Period: June 1, 2011 thru September 30, 2011

 - 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.).

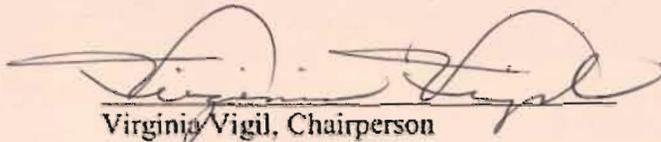
 - d) Please identify other funding sources used to match this request.
N/A

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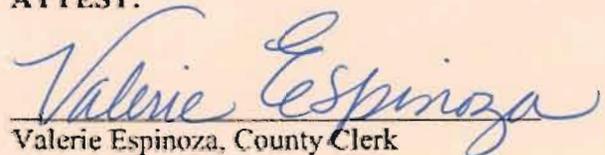
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 14th Day of June, 2011.

Santa Fe Board of County Commissioners


Virginia Vigil, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 15TH Day Of June, 2011 at 12:01:56 PM And Was Duly Recorded as Instrument # 1637534 Of The Records Of Santa Fe County

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