

## SANTA FE COUNTY

RESOLUTION 2012 - 25

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

Whereas, the Board of County Commissioners meeting in regular session on February 28, 2012, did request the following budget adjustment:Department / Division: Sheriff's Office/S.T.E.PFund Name: Law Enforcement Operating FundBudget Adjustment Type: IncreaseFiscal 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	1221	371	09.00	State NMDOT/Traffic-Safety Bureau - Programs Division-Selective Traffic Enforcement (S.T.E.P.) PA# 12-RF-01-091	2824.00	
TOTAL (if SUBTOTAL, check here )					2824.00	

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	2783.64	
246	1221	424	20.02	Employee Benefits / FICA Medicare	40.36	
TOTAL (if SUBTOTAL, check here )					2824.00	

Requesting Department Approval: \_\_\_\_\_

Title: Under SheriffDate: 2/28/12

Finance Department Approval: \_\_\_\_\_

Date: 2/6/12

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Updated by: \_\_\_\_\_

Date: \_\_\_\_\_

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Robert Garcia/Sheriff Dept/Div: Sheriff's Office/S.T.E.P 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 increase is to budget funds for overtime/personal services awarded to the Sheriff's Office per PA#12-RF-01-091/Selective Traffic Enforcement Program. Funding from this program will pay for 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
<b>10.25</b>	<b>Overtime</b>	<b>Full-time/permanent</b>	<b>Deputy/Patrol</b>

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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DEPARTMENT CONTACT:

Name: Robert Garcia/Sheriff Dept/Div: Sheriff's Office/S.T.E.P. 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: SELECTIVE TRAFFIC ENFORCEMENT PROJECT (S.T.E.P.)  
Project # 12-RF-01-091  
Award Amt \$2824.00  
Award Period: October 1, 2011 to September 30, 2012
  
  - 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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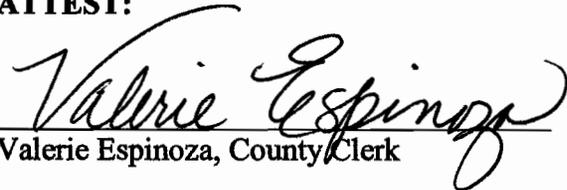
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of February, 2012.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Liz Stefanica, Chairperson

ATTEST:

  
\_\_\_\_\_  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

BCC RESOLUTIONS  
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I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of February, 2012 at 11:31:45 AM And Was Duly Recorded as Instrument # 1661810 Of The Records Of Santa Fe County

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