

SANTA FE COUNTY

RESOLUTION 2012 - 26

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 /Click or Ticket Fund Name: Law Enforcement Operating Fund

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	1223	371	09.04	State Road Funds/NMDOT-Traffic Safety Bureau-Programs Division Click it or Ticket PA# 12-OP-CIOT-091	5037.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>5037.00</b>	

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	1223	424	10.25	Salary & Wages / Overtime	4965.01	
246	1223	424	20.01	Employee Benefits / FICA Medicare	71.99	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>5037.00</b>	

Requesting Department Approval: [Signature] Title: Undersheriff Date: 2-1-12

Finance Department Approval: [Signature] Date: 2/16/12 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/Click it or Ticket 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 on PA#12-OP-CIOT-091/CLICK IT or TICKET grant. The funding from this grant will assist the SF County Sheriff's Office with the overtime needed to conduct law enforcement activities aimed at enforcing occupant protection laws and ordinances.**

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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**DEPARTMENT CONTACT:**

Name: Robert Garcia/Sheriff Dept/Div: Sheriff's Office/Click it or Ticket 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.

<b>TITLE:</b>	<b>CLICK IT or TICKET</b>
<b>PROJECT#:</b>	<b>12-OP-CIOT-091</b>
<b>AWARD AMT:</b>	<b>\$5037.00</b>
<b>AWARD PERIOD</b>	<b>MAY 21, 2012 – JUNE 3, 2012</b>

- 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 Stefanics, 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 29TH Day Of February, 2012 at 11:31:46 AM
And Was Duly Recorded as Instrument # 1661811
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM