# SANTA FE COUNTY



## RESOLUTION 2013 - 75

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

**Whereas, the Board of County Commissioners meeting in regular session on August 27, 2013 did request the following budget adjustment:**

Department / Division: Sheriff's Department / Region III

Fund Name: Law Enforcement Operations Fund (246)

Budget Adjustment Type: Baseline Increase

Fiscal Year: 2013 (July 1, 2013 - June 30, 2014)

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 | 1205 | 385 | 0200 | Budgeted Cash | 4,183.00 | |
| TOTAL (if SUBTOTAL, check here ____) | | | | | 4,183.00 | |

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 | 1205 | 425 | 73-02 | Sheriff's Expense | 4,183.00 | |
| TOTAL (if SUBTOTAL, check here ____) | | | | | 4,183.00 | |

**Requesting Department Approval:** _____ **Title:** MAJOR **Date:** 8.20.13

**Finance Department Approval:** _____ **Date:** 8/20/13 **Entered by:** _____ **Date:** _____

**County Manager Approval:** _____ **Date:** 8.27.13 **Updated by:** _____ **Date:** _____

SFC CLERK RECORDED 08/29/2013

# SANTA FE COUNTY



## RESOLUTION 2013 - 75

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:** **Name:** Ralph Lopez, Program Manager **Dept/Div:** Sheriff's Dept. / Region III **Phone No.:** 505-473-7021

**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. To Re-budget funds from previous fiscal year to increase sheriff's expense line-item for operational expenses.

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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

# SANTA FE COUNTY



## RESOLUTION 2013 - 75

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

**Name:** Ralph Lopez, Program Manager **Dept/Div:** Sheriff / Region III **Phone No.:** 505-473-7021

**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. AMENDED ORDER OF FORFEITURE FROM PREVIOUS FISCAL YEAR THROUGH THE FIRST JUDICIAL DISTRICT COURT COUNTY OF SANTA FE STATE OF NEW MEXICO IN THE AMOUNT OF $22,600.00. WITH A REMAINING BALANCE OF $4,183.00 FOR THIS FISCAL YEAR.

  - 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 09/23/2013

# SANTA FE COUNTY

## RESOLUTION 2013 - 75



**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 August, 2013.**

**Santa Fe Board of County Commissioners**

Kathy Holian

Kathy Holian, Chairperson

**ATTEST:**

Geraldine Salazar

Geraldine Salazar, County Clerk 8/27/13

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

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 August, 2013 at 10:59:55 AM And Was Duly Recorded as Instrument # 1716527 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar

Deputy _____ County Clerk, Santa Fe, NM