

# SANTA FE COUNTY

## RESOLUTION 2014 - 116

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

Whereas, the Board of County Commissioners meeting in regular session on 10/28/14 did request the following budget adjustment:

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

Budget Adjustment Type: BUDGET DECREASE Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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	1204	372	0800	Federal Grant Award / Edward Byrne Memorial Justice Assistance Grant (JAG) through the Dept. of Public Safety Fiscal Year 2015.		33,087
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>\$33,087</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	1204	425	10-25	Overtime Pay	2,000	
246	1204	425	10-26	Term Employee		38,648
246	1204	425	20-01	FICA/Employers Share		2,396
246	1204	425	20-02	FICA/Medicare		560
246	1204	425	20-03	PERA/Employers Share		7,93
246	1204	425	20-05	Healthcare		92
246	1204	425	20-06	Retiree Health		77
246	1204	425	20-08	Workers Comp		
246	1204	425	50-03	Contractual Services	11,782	
246	1204	425	73-02	Sheriff's Expense	4,372	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>18,154</b>	<b>51,241</b>
<b>NET DECREASE (\$18,154 increase minus \$51,241 decrease)</b>						<b>33,087</b>

Requesting Department Approval: [Signature] Title: Sheriff Date: 10-9-14

Finance Department Approval: [Signature] Date: 10/15/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 10.28.14 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**  
**RESOLUTION 2014 - 116**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Ralph Lopez / Program Manager Dept/Div: Region III / Sheriff 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.):**

- Please summarize the request and its purpose. This request is the JAG Grant Award for the current fiscal year which reflects a reduction in funding through Grants Management Bureau of the Department of Public Safety for the current Fiscal Year.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Budget Decrease	Term	Program Mgr.
10-21	Budget Decrease -Benefits	Term	Program Mgr.

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
50-03	Increase of Overtime for agents from other agencies assigned to Region III	\$11,782.00

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

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SFC CLERK RECORDED 10/29/2014

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DEPARTMENT CONTACT:

Name: Ralph Lopez / Program Manager

Dept/Div: Region III / Sheriff

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. The sub-Grant Agreement for JAG in the amount of \$116,007 for this fiscal year through the Department of Public Safety. Grants Management Bureau has been submitted for approval and signature.
  - 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.

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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 October, 2014.

Santa Fe Board of County Commissioners

*Daniel W. Mayfield*  
Daniel W. Mayfield, Chairperson



ATTEST:

*Geraldine Salazar*  
Geraldine Salazar, County Clerk 10-28-2014



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 29TH Day Of October, 2014 at 02:22:26 PM  
And Was Duly Recorded as Instrument # 1749582  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy *Marcella Salazar* County Clerk, Santa Fe, NM