

SANTA FE COUNTY

RESOLUTION 2014 - 117

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

Whereas, the Board of County Commissioners meeting in regular session on October 28, 2014, did request the following budget adjustment:

Department / Division: Sheriff's Department / Region III Fund Name: Law Enforcement Operations Fund (246)

Budget Adjustment Type: Budget Increase 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	1208	372	0600	Federal Grant / Drug Enforcement (HIDTA)	\$66,800.00	
TOTAL (if SUBTOTAL, check here)					\$66,800.00	

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	1208	425	35-01	Vehicle Fuel	\$1,800.00	
246	1208	425	50-03	Contractual Professional Services	\$25,000.00	
246	1208	425	73-02	Sheriff's Expense	\$15,000.00	
246	1208	425	80-09	Vehicle / Heavy Equipment	\$25,000.00	
TOTAL (if SUBTOTAL, check here)					\$66,800.00	

Requesting Department Approval: [Signature] Title: Sheriff Date: 10-2-14

Finance Department Approval: [Signature] Date: 10/6/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10-28-14 Updated by: _____ Date: _____

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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.):

- 1) Please summarize the request and its purpose.

This Resolution is requesting to increase the HIDTA cost-center, through the award of Supplemental funding.

> 246-1208 - HIDTA cost center which are funds recently awarded to Region III as supplemental funding. These monies will be budgeted to support Region III Operations; through the purchasing of (2) used vehicles, additional fuel for the vehicles, overtime for agents and Sheriff's Expense (Contingency monies).

a) Employee Actions: **NONE**

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
50-03	Additional overtime for agents assigned to Region III from other agencies.	\$15,000.00
80-09	The purchase of (2) used vehicles, for operations	\$25,000.00

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

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DEPARTMENT CONTACT



Name: Ralph Lopez, Program Manager Dept/Div: Sheriff's Office / 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.):

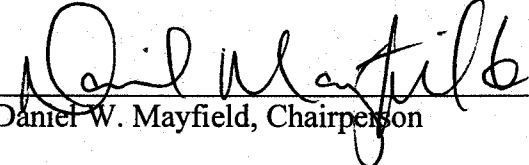
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? 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. Cost-Center 246-1208 is the HIDTA Extension for the current fiscal year; Award Number: G13SN0011A.
 - 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.
There are no other funding sources 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.

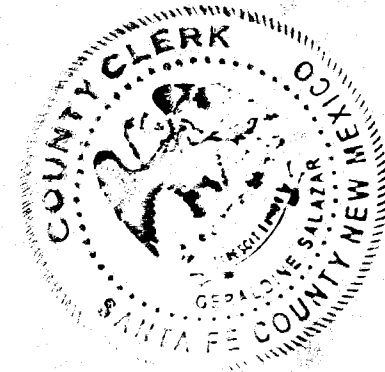
Approved, Adopted, and Passed This 28th Day of October, 2014.

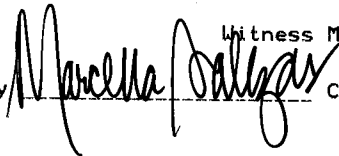
Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chairperson

ATTEST:


Geraldine Salazar, County Clerk
10-28-2014



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 October, 2014 at 02:33:05 PM
And Was Duly Recorded as Instrument # **1749583**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy  County Clerk, Santa Fe, NM