

SANTA FE COUNTY

RESOLUTION 2014 - 69

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 26, 2014, did request the following budget adjustment:

Department / Division: Sheriff's Department / Region III Fund Name: Equitable Sharing Account Federal Forfeitures (225) & 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
225	1205	350	0300	Fines & Forfeitures	342.88	
225	1205	385	0300	Budgeted Cash	7,984.00	
246	1208	372	0600	Federal Grant / Drug Enforcement (HIDTA)	271.22	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>8,598.10</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
225	1205	425	40-03	Maintenance Infrastructure	655.00	
225	1205	425	50-90	Other Services	2,500.00	
225	1205	425	75-07	Inland Marine Premiums	800.00	
225	1205	425	80-03	Equipment & Machinery	3,315.00	
225	1205	425	60-07	Operational Supplies	1,056.88	
246	1208	425	70-03	Telephone	271.22	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>8,598.10</b>	

Requesting Department Approval: [Signature] Title: Sheriff Date: 8-6-14  
 Finance Department Approval: [Signature] Date: 8/26/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 8.26.14 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**SANTA FE COUNTY**  
**RESOLUTION 2014 - 69**

**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 two cost-centers:

- 225-1205 for cash carryover from the previous fiscal year and additional funds recently awarded through the Equitable Sharing Program which will be used to purchase a monitoring system to provide additional security for the Region III Office and to repair damage done to an office exterior door and for Operational Supplies for the Region III Office and agents assigned.
- 246-1208 - HIDTA cost center which is remaining Grant funds from the previous fiscal year. These monies will be re-budgeted into telephones to support Region III Operations.

**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
50-90	Unlimited Premium Service through, Just 1 Enterprises LLC, to activate (4) Tracking Devices	\$2,400.00
80-03	Equipment / Machinery / (purchase of Security Cameras)	\$3,315.00

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY

## 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 

If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES  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 225-1205 is supported through the Federal Equitable Sharing Program, Region III has been participating in since 2001. 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 

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.
 

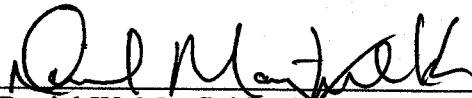
There are no other funding sources to match this request.

SANTA FE COUNTY  
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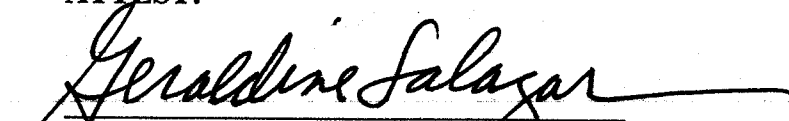
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

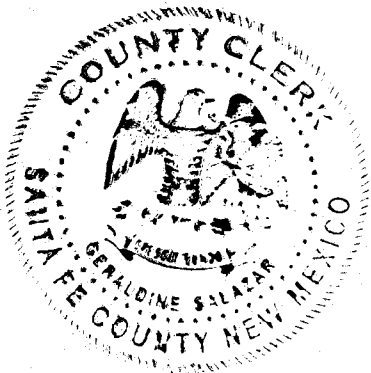
Approved, Adopted, and Passed This 26th Day of August, 2014.

Santa Fe Board of County Commissioners

  
Daniel W. Mayfield, Chairperson

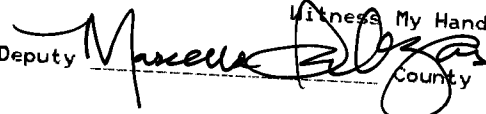
ATTEST:

  
Geraldine Salazar, County Clerk 8-26-2014



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 27TH Day Of August, 2014 at 02:52:18 PM  
And Was Duly Recorded as Instrument # 1744542  
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
Deputy  Geraldine Salazar  
County Clerk, Santa Fe, NM