

SANTA FE COUNTY

RESOLUTION 2014 - 98

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

Whereas, the Board of County Commissioners meeting in regular session on Sept. 30, 2014, did request the following budget adjustment:

Department / Division: Sheriff's Office

Fund Name: DWI Seizure

Budget Adjustment Type: 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	1233	371	0900	NMDOT: DWI Seizure Lot Clerical Position	\$119,465.69	
TOTAL (if SUBTOTAL, check here )					\$119,465.69	

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	1024	Salary	\$52,024.00	
246	1223	424	1025	Overtime	\$7,000.00	
246	1223	424	2001	FICA/Regular	\$3,659.00	
246	1223	424	2002	FICA/Medicare	\$856.00	
246	1223	424	2003	PERA	\$10,686.00	
246	1223	424	2005	Healthcare	\$4,487.00	
246	1223	424	2006	Retiree Health	\$1,040.00	
TOTAL (if SUBTOTAL, check here X )					\$79,752.00	

Requesting Department Approval: Mrs. H. P. Title: Mayor Date: 9-16-14

Finance Department Approval: Jessie M. Arty Date: 9/16/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT CONTACT: Name: Undersheriff Ron Madrid Dept/Div: Sheriff's Office Phone No.: 505-986-2457

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
246	1223	424	5003	Contractual Services	\$7,000.00	
246	1223	424	5090	Professional	\$4,000.00	
246	1223	424	6007	Supplies	\$6,000.00	
246	1223	424	6009	Educational Supplies	\$8,500.00	
246	1223	424	7037	Printing/Publishing/Advertising	\$3,000.00	
246	1223	424	8099	Capital: Inventory Exempt	\$11,213.69	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$119,465.69</b>	

**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.  
 The Sheriff's Office was given a grant during Fiscal Year 2014 for one (1) full-time clerical position to assist with the processing of all necessary paperwork required for vehicle forfeiture cases to handle the rapidly growing vehicle forfeiture caseload. Funding will only be used for the vehicle forfeiture program and cannot be used for other purposes. Funding includes, salary & wages, supplies, equipment, and other items that are allowable by NMDOT DWI policies. NMDOT has extended the grant for this position and funding through September 30, 2015.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-24	Term Employee for DWI Seizure	Term	Clerical

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 / 50-90	Contractual Services / Professional Services	\$11,000.00
80-99	Capital Purchases of Alcohol related equipment	\$11,213.69

- 2) Is the budget action for RECURRING expense  X  or for NON-RECURRING (one-time only) expense  X   
 This budget is for both recurring and non-recurring items. We will be purchasing one-time only equipment, but the position will be a recurring expense. Grant expires September 30, 2015.

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Undersheriff Ron Madrid      **Dept/Div:** Sheriff's Office      **Phone No.:** 505-986-2457

**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.
 

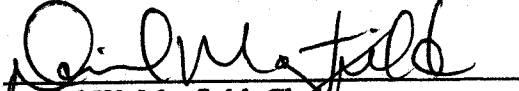
NMDOT: Clerical Position for DWI Seizure Division  
 Project No.: 14-AL-64-P101  
 Award Period: October 1, 2013 to September 30, 2015  
 Amount Awarded: \$123,974.00
  
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X  
 If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  
  - d) Please identify other funding sources used to match this request.

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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 30th Day of September, 2014.

Santa Fe Board of County Commissioners

  
Daniel W. Mayfield, Chairperson

ATTEST:

  
Geraldine Salazar, County Clerk

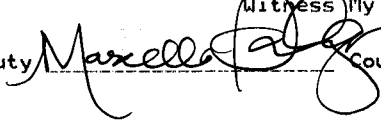
9-30-2014



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 2ND Day Of October, 2014 at 09:17:46 AM  
And Was Duly Recorded as Instrument # 1747555  
Of The Records Of Santa Fe County

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