

SANTA FE COUNTY

RESOLUTION 2015 - 146

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 27, 2015, did request the following budget adjustment:

Department / Division: Sheriff's Office Fund Name: LEOF  
 Budget Adjustment Type: Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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	\$60,500.00	
TOTAL (if SUBTOTAL, check here )					\$60,500.00	

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	1233	424	1026	SALARY & WAGES	\$38,000.00	
246	1233	424	1025	OVERTIME	\$5,000.00	
246	1233	424	2001	FICA/REGULAR	\$2,356.00	
246	1233	424	2002	FICA/MEDICARE	\$623.00	
246	1233	424	2003	PERA	\$7,805.00	
246	1233	424	2005	HEALTHCARE	\$456.00	
246	1233	424	2006	RETIREE HEALTH	\$760.00	
TOTAL (if SUBTOTAL, check here X )					\$55,000.00	

Requesting Department Approval: [Signature] Title: Deputy Sheriff Date: 10/15  
 Finance Department Approval: [Signature] Date: 10/21/15 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 10-27-15 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**BUDGET ADJUSTMENT CONTINUATION SHEET**

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
<b>TOTAL (if SUBTOTAL, check here )</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	1233	424	5002	ATTORNEY FEES	\$1,000.00	
246	1233	424	6007	OPERATIONAL SUPPLIES	\$3,000.00	
246	1233	424	7037	PRINTING/PUBLISHING/ADVERTISING	\$1,500.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$60,500.00	

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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.):**

- 1) Please summarize the request and its purpose.  
 Sheriff's Office has received additional funding for one more year for the DWI Seizure Clerical Position. Funding from this program will provide one (1) full-time clerical position to assist with processing of all necessary paperwork required for vehicle forfeiture cases to handle the rapidly growing vehicle forfeiture caseload. Plus, funding also includes equipment and supplies to keep DWI Program running.  
 Breakdown of how they are funding (\$60,500):
  - \$55,000 Personal Services (Salary, Overtime, and Benefits)
  - \$2,500 Contractual (Legal Ads and Attorney Fees)
  - \$3,000 Commodities (Office Supplies, Educational Supplies, Computers Peripherals)

**a) Employee Actions**

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1026	Salary	Term	Forfeiture Coordinator
1025	Overtime	Term	Forfeiture Coordinator
20XX	Benefits	Term	Forfeiture Coordinator

**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
5003	Attorney Fees (Contractual)	\$1,500.00

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

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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 Program  
Project No: 16-AL-64-P101  
Term: October 1, 2015 to September 30, 2016  
Award: \$60,500.00
  - 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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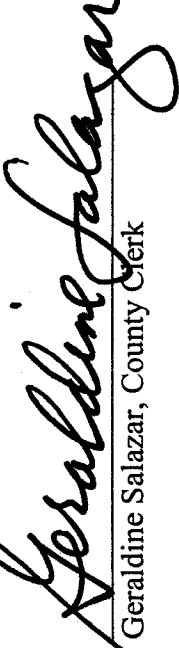
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

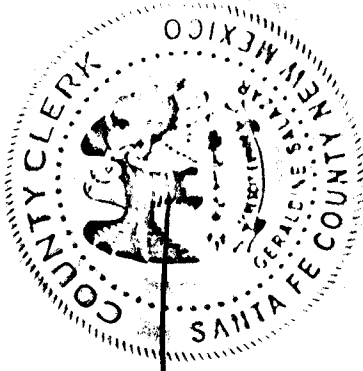
Approved, Adopted, and Passed This 27th Day of October, 2015.

Santa Fe Board of County Commissioners

  
Robert A. Anaya, Chairperson

ATTEST:

  
Geraldine Salazar, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 3RD Day Of November, 2015 at 09:16:10 AM and Was Duly Recorded as Instrument # 1778750 of The Records Of Santa Fe County

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

