

SANTA FE COUNTY

RESOLUTION 2015 - 6

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

Whereas, the Board of County Commissioners meeting in regular session on January 27, 2015, did request the following budget adjustment:

Department / Division: Sheriff's Office Fund Name: Law Enforcement Operation Fund (LEOF)

Budget Adjustment Type: Increase Budget 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	1231	372	0904	End Driving While Impaired (ENDWD)	\$37,120.00	
246	1229	371	0900	Buckle Up (BLKUP), Click It Or Ticket (CIOT)	\$8,400.00	
246	1234	371	0900	Distracted Driving (DNTXT)	\$10,000.00	
TOTAL (if SUBTOTAL, check here)					\$55,520.00	

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	1231	424	1025	ENDWI: Salary & Wages / Overtime	\$36,581.76	
246	1231	424	2002	ENDWI: Employee Benefits/ FICA Medicare	\$538.24	
246	1229	424	1025	BLKUP/CIOT: Salary & Wages / Overtime	\$8,278.20	
246	1229	424	2002	BLKUP/CIOT: Employee Benefits/FICA Medicare	\$121.80	
246	1234	424	1025	DNTXT: Salary & Wages / Overtime	\$9,855.00	
246	1234	424	2002	DNTXT: Employee Benefits/FICA Medicare	\$145.00	
TOTAL (if SUBTOTAL, check here)					\$55,520.00	

Requesting Department Approval: [Signature] Title: Undersheriff Date: 1-27-15

Finance Department Approval: [Signature] Entered by: [Signature] Date: 1/27/15

County Manager Approval: [Signature] Updated by: [Signature] Date: 1-27-15

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid

Dept/Div: Sheriff's Office/LEOF

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.
Request for budget increase to budget funds for overtime/personnel services awarded to the Sheriff's Office from the New Mexico Department of Transportation. Funding from this program will assist the Santa Fe County Sheriff's Office with the overtime needed to conduct law enforcement activities aimed at reducing traffic-related injuries and fatalities by conducting visible patrols in high crash locations, identified through use of local data.
 - End Driving While Impaired (ENDWI): conduct Sobriety Check Points and Saturation Patrols aimed at reducing alcohol-related crashes, injuries, and deaths.
 - Buckle Up (BLKUP)/Click It Or Ticket (CIOT): participate in individual and/or joint and nighttime enforcement activity.
 - Distracted Driving (DNTXT): conduct special roving patrols to enforce the anti-texting laws.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25 (ENDWI)	Salary and Wages / Overtime	Existing/Permanent	Patrol/Deputy
10.25 (BLKUP/CIOT)	Salary and Wages / Overtime	Existing/Permanent	Patrol/Deputy
10.25 (DNTXT)	Salary and Wages / Overtime	Existing/Permanent	Patrol/Deputy

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

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

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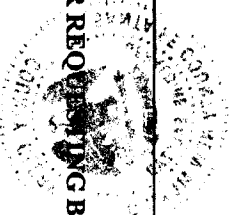
DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid

Dep/Div: Sheriff's Office/LEOF

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

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 award letter and proposed budget.

End Driving While Impaired (ENDWI)

Project #(s): 15-AL-64-091
 Award Amt: \$37,120.00
 Award Period(s): October 1, 2014 to September 30, 2015

Buckle Up (BLKUP) / Click It Or Ticket (CIOT)

Project #(s): 15-OP-RF-091
 Award Amt: \$8,400.00
 Award Period(s): October 1, 2014 to September 30, 2015

Distracted Driving (DNTXT)

Project #(s): 15-DD-02-091
 Award Amt: \$10,000.00
 Award Period(s): October 1, 2014 to September 30, 2015

- 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. N/A

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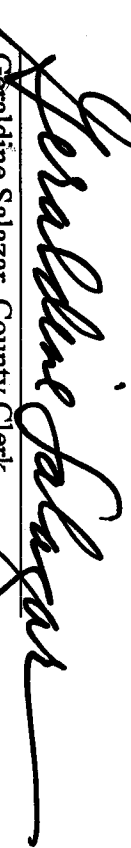
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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

Santa Fe Board of County Commissioners


Robert Anaya, Chairperson

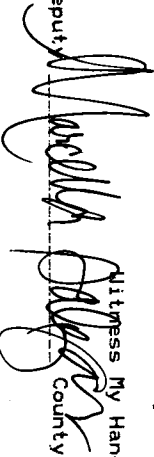
ATTEST:


Geraldine Salazar, County Clerk
1-27-2015



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 28TH Day Of January, 2015 at 12:39:17 PM
And Was Duly Recorded as Instrument # **1756042**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM