

RESOLUTION 2015 - 7

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

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

Department / Division: Sheriff's Department / Region III Fund Name: Equitable Sharing Account Federal Forfeitures (225)

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	6,251.94	
TOTAL (if SUBTOTAL, check here )					6,251.94	

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	40-01	Maintenance Building/Structures	6,251.94	
TOTAL (if SUBTOTAL, check here )					6,251.94	

Requesting Department Approval: [Signature] Title: Sheriff Date: 1-5-15  
 Finance Department Approval: [Signature] Date: 1/14/15 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 1-27-15 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_



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 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 225-1205 is supported through the Federal Equitable Sharing Program, Region III has been participating in since 2001.
  - 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.


SANTA FE COUNTY

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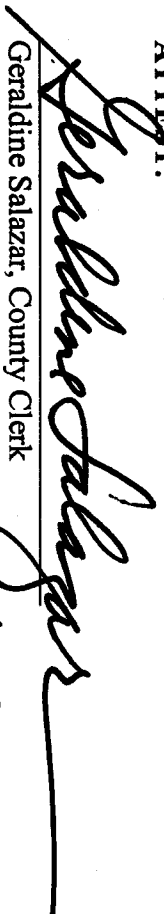
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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

Santa Fe Board of County Commissioners

  
Robert Anaya, Chairperson

ATTEST:

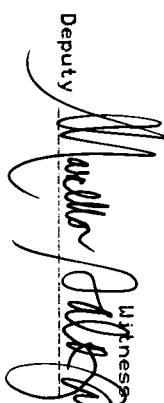
  
Geraldine Salazar, County Clerk

1-27-2015



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss BCC RESOLUTIONS  
PAGES: 4

I Herby Certify That This Instrument Was Filed for Record On The 28TH Day Of January, 2015 at 12:43:55 PM And Was Duly Recorded as Instrument # 1756044 Of The Records Of Santa Fe County

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