SANTA FE COUNTY

RESOLUTION 2017 - 1

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 Office / Region III

Fund Name: Edward Byrne Justice Assistance Grant Program (JAG)

Budget Adjustment Type: Budget Decrease

Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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	1204	372	08.00	Federal Grants / Drug Enforcement (Reg. III)		4,000.00
TOTAL (if SUBTOTAL, check here ____)						4,000.00

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	1204	425	10.25	Overtime		2,000.00
246	1204	425	10.26	Term Employee		9,773.00
246	1204	425	20.01	FICA – Regular		606.00
246	1204	425	20.02	FICA – Medicare		141.00
TOTAL (if SUBTOTAL, check here ____)						12,520.00

Requesting Department Approval: _____ **Title:** Sheriff **Date:** 12-13-16

Finance Department Approval: _____ **Date:** 1-10-17 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 1.10.17 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

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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
TOTAL (if SUBTOTAL, check here ____)						

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	1204	425	20.03	Retirement Contributions		2,008.00
246	1204	425	20.05	Healthcare		1,251.00
246	1204	425	20.06	Retirement Health Care		195.00
246	1204	425	20.08	Workers Comp	2.00	
246	1204	425	50.03	Contractual / Professional	912.00	
246	1204	425	73.02	Sheriff's Expenses	11,060.00	
TOTAL (if SUBTOTAL, check here ____)					11,974.00	15,974.00

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Lt. Scott McFaul, Program Manager **Dept/Div:** Sheriff's Office / Region III **Phone No.:** 670-5791

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 is to realign the FY2017 budget for the 2016 Edward Byrne Justice Assistance Grant Program to the actual grant amount awarded resulting in a budget decrease of $4,000.00.

  a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25	Decrease Overtime Budgeted Amount	Permanent	Deputies
10.26	Decrease Term Employee Budgeted Amount	Term	Administrative Assistant

  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	Increase of Contractual / Professional for overtime for outside agencies	$912.00

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

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lt. Scott McFaul, Program Manager **Dept/Div:** Sheriff's Office / Region III **Phone No.:** 670-5791

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.
    Please refer to attached Award Letter from Department of Public Safety/Grants Management Bureau, for 2016 Edward Byrne Justice Assistant Grant Program Award, in the amount of $116,000.00.

  - 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.
    There are no other funding sources to match this request.

SANTA FE COUNTY

RESOLUTION 2017- 1

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 10th Day of January, 2017.

Santa Fe Board of County Commissioners

BCC 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 17TH Day Of January, 2017 at 08:52:31 AM
And Was Duly Recorded as Instrument # 1814968
Of The Records Of Santa Fe County

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

SFC CLERK RECORDED 01/17/2017