SANTA FE COUNTY

RESOLUTION 2017- 2

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 / DWI Seizure Program

Fund Name: LEOF (246)

Budget Adjustment Type: **Increase**

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

BUDGETED REVENUE: (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	1225	385	00-00	BUDGETED CASH	$ 6,583	
TOTAL (IF SUBTOTAL, check here) →					$ 6,583	$ -

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	1225	427	1026	SALARY & WAGES	$ 4,040	
246	1225	427	2001	FICA / REGULAR	$ 223	
246	1225	427	2002	FICA / MEDICARE	$ 52	
246	1225	427	2003	RETIREMENT / PERA	$ 830	
246	1225	427	2005	HEALTHCARE	$ 1,357	
246	1225	427	2006	RETIREE HEALTH	$ 81	
TOTAL (IF SUBTOTAL, check here) →					$ 6,583	$ -

Requested by: _____ Date: 12-21-16 Title: Undersheriff

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

County Manager Approval: _____ Date: 1·10·17 Updated by: _____ Date: _____

SFC CLERK RECORDED 01/17/2017

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY

DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid **Dept/Div:** Sheriff's Office / DWI **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 would like to request an increase to the DWI Seizure Program to fund the salary pay dates of 10/21/16, 11/4/16 and 11/18/16 for LeAnne Rodriguez's position. This position is currently being funded by New Mexico Department of Transportation (NMDOT). The fully executed grant agreement is valid 11/3/16. Therefore, we'd like to have the above pay dates covered as the new agreement is valid through 9/30/17.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass Overtime)	Position Type (permanent, term)	Position Title
1026	Salary for grant funded position	Term	Administrative Assistant
20xx	Benefits for grant funded position	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

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 / DWI **Phone No:** 505-986-2457

3) Does this request impact a revenue source? If YES, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following

a. If this is a state special appropriation, Yes X No _____
This impacts the DWI Seizure Program revenue fund

b. Does this include state or federal funds? Yes _____ No X

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 an award letter and proposed budget.

As of pay period starting 11/12/16 through 9/30/17, this position will be funded by a NMDOT grant.

c. Is this request 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.

SANTA FE COUNTY

RESOLUTION 2017- 2

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

BCC RESOLUTIONS
PAGES: 4

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for
Record On The 17TH Day Of January, 2017 at 08:52:32 AM
And Was Duly Recorded as Instrument # 1814969
Of The Records Of Santa Fe County

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

SFC CLERK RECORDED 01/17/2017