

**SANTA FE COUNTY  
RESOLUTION 2018 - / 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: Law Enforcement Operations Fund (246)

Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

**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	1236	372	0600	Federal Grant / Drug Enforcement (HIDTA)	\$65,000.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$65,000.00</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	1236	425	30-03	In-State Travel	\$5,000.00	
246	1236	425	35-01	Vehicle Fuel	\$5,000.00	
246	1236	425	50-03	Contractual/Professional	\$20,000.00	
246	1236	425	73-02	Sheriff's Expense	\$35,000.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$65,000.00</b>	

Requesting Department Approval: \_\_\_\_\_ Title: Sheriff Date: 2-9-18

Finance Department Approval: \_\_\_\_\_ Date: 2/9/18 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 2/13/18 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: LT Scott McFaul, Operations Commander Dept/Div: Sheriff / Region III Phone No.: 505-670-5791

**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.

This Resolution is requesting to increase the HIDTA cost-center, through Modification #2, received from the Office of National Drug Control Policy routed through the Southwest Border HIDTA – New Mexico Region. 246-1206 - HIDTA cost center which are funds recently awarded to Region III as supplemental funds. These monies will be budgeted to support Region III Operations through Overtime, Investigative Travel, vehicle fuel, and contingency funds.

a) Employee Actions: **NONE**

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

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
246-1236-425.50-03	Contractual/Professional	\$20,000.00

- 2) Is the budget action for RECURRING expense XX 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, Operations Commander Dept/Div: Sheriff's Office / Region III Phone No.: 505-670-5791

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 NO X  
If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES X NO 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.

High Intensity Drug Trafficking Award Number: G17SN0011A Modification #2 \$65,000.00

- c) Is this request is a result of Commission action? YES NO 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.

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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 13<sup>th</sup> Day of February, 2018.

Santa Fe Board of County Commissioners

*Anna Hansen*  
Anna Hansen, Chair

ATTEST:

*Geraldine Salazar*  
Geraldine Salazar, County Clerk



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 14TH Day Of February, 2018 at 09:20:29 AM  
And Was Duly Recorded as Instrument # 1849939  
Of The Records Of Santa Fe County  
Deputy: *E. Hella* Witness My Hand And Seal Of Office  
Geraldine Salazar  
County Clerk, Santa Fe, NM

SFC CLERK RECORDED 02/14/2018