

**SANTA FE COUNTY  
RESOLUTION 2018 - 18**

**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 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
101	1219	372	08.00	Federal Grants / Drug Enforcement (Reg. III)	15,107.00	
<b>TOTAL (if SUBTOTAL, check here)</b>					<b>15,107.00</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	1219	425	10.26	Term Employees	10,133	
246	1219	425	20.01	FICA - Regular	667	
246	1219	425	20.02	FICA - Medicare	156	
246	1219	425	20.03	Retirement Contributions	2,318	
246	1219	425	20.05	Health Care	1,604	
246	1219	425	20.06	Retirement Health Care	226	
246	1219	425	20.08	Workers Comp (Assessment)	3	
<b>TOTAL (if SUBTOTAL, check here)</b>					<b>15,107.00</b>	

Requesting Department Approval: \_\_\_\_\_ Title: Sheriff Date: 2-29-18

Finance Department Approval: \_\_\_\_\_ Date: 2/1/18 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: Richard M. Adams Date: 2/13/18 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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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 increase the FY2018 budget utilizing 2015 Edward Byrne Justice Assistance Grant Program funding due to 2017 Edward Byrne Justice Assistance Grant Program Award not yet released, resulting in a need to increase budget by \$15,107.00 for Administrative Assistant's salary and benefits for January 20, 2018 through March 30, 2018.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.26	Add	Term	Administrative Assistant
20.01	Add	Term	Administrative Assistant
20.02	Add	Term	Administrative Assistant
20.03	Add	Term	Administrative Assistant
20.05	Add	Term	Administrative Assistant
20.06	Add	Term	Administrative Assistant
20.08	Add	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: 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 2015 Edward Byrne Justice Assistant Grant Program Award, in the amount of \$15,107.00.
  - 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.

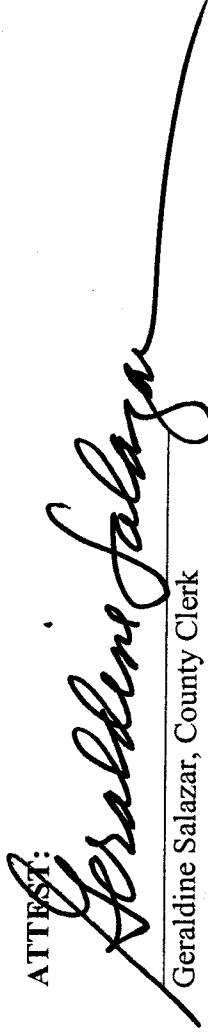
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 13<sup>th</sup> Day of February, 2018.

Santa Fe Board of County Commissioners

  
Anna Hansen, Chairperson

ATTEST:  
  
Geraldine Salazar, County Clerk



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 14TH Day Of February, 2018 at 09:20:30 AM  
And Was Duly Recorded as Instrument # 1849940  
Of The Records Of Santa Fe County

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



