

**SANTA FE COUNTY
RESOLUTION 2018 - 27**

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 |
|--|--------------------------|------------------------|---------------------|--|-----------------|-----------------|
| 246 | 1219 | 372 | 08.00 | Federal Grants / Drug Enforcement (Reg. III) | 15,107.00 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 15,107.00 | |

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 | 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 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 15,107.00 | |

Requesting Department Approval: _____ Title: LT / Program Manager Date: 02-28-18

[Signature]

Finance Department Approval: _____ Date: 2/28/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 3.13.18 Updated by: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2018-27

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 or for NON-RECURRING (one-time only) expense _____

SANTA FE COUNTY
RESOLUTION 2018 - 27

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 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.

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 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 2018 - 37

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.

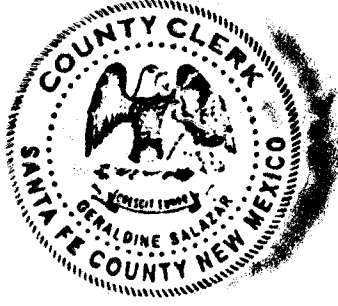
Approved, Adopted, and Passed This 13th Day of March, 2018.

Santa Fe Board of County Commissioners


Anna Hansen, Chairperson

ATTEST:


Geraldine Salazar, County Clerk

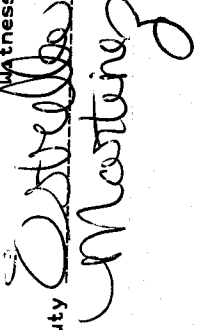


COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 15TH Day Of March, 2018 at 10:15:08 AM And Was Duly Recorded as Instrument # 1852327 Of The Records Of Santa Fe County



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



**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 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 15,107.00 | |

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 |
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| 246 | 1219 | 425 | 20.06 | Retirement Health Care | 226 | |
| 246 | 1219 | 425 | 20.08 | Workers Comp (Assessment) | 3 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 15,107.00 | |

Requesting Department Approval: _____ Title: Sheriff Date: 6-29-18

Finance Department Approval: _____ Date: 6/11/18 Entered by: _____ Date: _____

County Manager Approval: Richard M. Adams Date: 6/13/18 Updated by: _____ Date: _____

SFC CLERK RECORDED 02/14/2018

SFC CLERK RECORDED 03/15/2018

SANTA FE COUNTY
RESOLUTION 2018 - _____

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 |
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| 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 |
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| 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 |
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| | | |
| | | |
| | | |
| | | |

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

SFC CLERK RECORDED 02/14/2018

SFC CLERK RECORDED 03/15/2018

SANTA FE COUNTY
RESOLUTION 2018 - 18

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
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES 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
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.

SFC CLERK RECORDED 02/14/2018

SFC CLERK RECORDED 03/15/2018

SANTA FE COUNTY
RESOLUTION 2018 - 18

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 13th 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





SFC CLERK RECORDED 02/14/2018

SFC CLERK RECORDED 03/15/2018