

SANTA FE COUNTY

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RESOLUTION 2008 - 165

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on Oct. 28, 2008 did request the following budget adjustment:

Department / Division: Sheriff / Region III Fund Name: General Fund 101

Budget Adjustment Type: Budget Increase Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS XXXX	ELEMENT OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1204	372	0800	Federal Grants / Region III JAG	64,064.00	
TOTAL (if SUBTOTAL, check here)					64,064.00	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS XXXX	ELEMENT OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1204	425	10-25	Overtime	5,000.00	
101	1204	425	10-26	Term Employees	13,000.00	
101	1204	425	40-02	Maintenance Contracts	3,865.00	
TOTAL (if SUBTOTAL, check here XX)					21,865.00	

Requesting Department Approval: [Signature] Title: Undersheriff Date: 10-7-08

Finance Department Approval: [Signature] Date: 10/20/08 Entered by: _____ Date: _____

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

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASE NUMBER XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here <u>XX</u>)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASE NUMBER XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1204	425	50-03	Professional Services	29,700.00	
101	1204	425	50-90	Other Contractual Services	5,000.00	
101	1204	425	70-42	Sheriff's Expense	4,300.00	
101	1204	425	70-90	Misc	3,199.00	
TOTAL (if SUBTOTAL, check here <u>XX</u>)					42,199.00	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph W. Lopez: Program Manager Dept/Div: Sheriff / Region III Phone No.: 473-7021

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 request is the Awarded Amount Received from JAG for Fiscal Year 2008. Grant period October 01, 2008 through September 30, 2009. These monies will be used in conjunction with other funding sources to continue the operations of the Region III Task Force.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Funding to cover an existing position at half-time	Term	Administrative Secretary

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	Professional Services; Contract, for Region III, Program Manager	29,700.00
50-09	Overtime for other Law Enforcement Agencies working with Region III	5,000.00

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph W. Lopez, Program Manager Dept/Div: Sheriff / Region III Phone No.: 473-7021

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 XX 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. Grant Name: JAG, through the Department of Public Safety, Awarded Amount \$64,064.00, October 01, 2008 through September 30, 2009.
 - c) Is this request is a result of Commission action? YES XX 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.

S F C C L E R K R E C O R D E D 10/29/2008

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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.

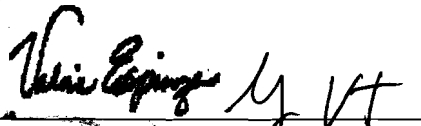
Approved, Adopted, and Passed This 28th Day of October, 2008.

Santa Fe Board of County Commissioners

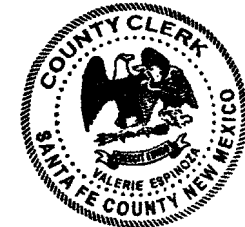
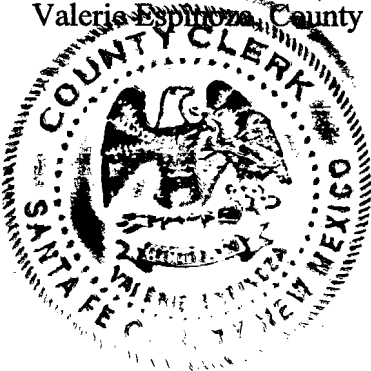


Paul Campos, Chairperson

ATTEST:



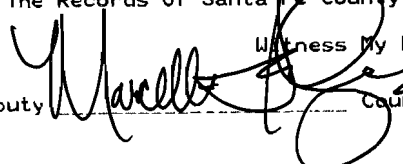
Valerie Espinoza, County Clerk



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 29TH Day Of October, A.D., 2008 at 13:02
And Was Duly Recorded as Instrument # **1542586**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy  County Clerk, Santa Fe, NM

SFC CLERK RECORDED 10/29/2008