

## SANTA FE COUNTY

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RESOLUTION 2008 - 198

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

Whereas, the Board of County Commissioners meeting in regular session on NOV 18, 2008 ~~Oct 14, 2008~~, did request the following budget adjustment:

Department / Division: Santa Fe County Sheriff Fund Name: General Fund

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

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	1212	371	09-00	State Grant/NMDOT-Traffic Safety PA# (09-AL-fte164-091)	350,600.00	
TOTAL (if SUBTOTAL, check here)					350,600.00	

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
101	1212	424	10-26	Salary & Wages/Term Employees	244,797.00	
101	1212	424	20-02	Employee Benefits/FICA-Medicare	3,549.00	
101	1212	424	20-03	Employee Benefits/Retirement Contributions	67,956.00	
101	1212	424	20-05	Employee Benefits/Healthcare	31,115.00	
101	1212	424	20-06	Employee Benefits/Retiree Healthcare	3,183.00	
TOTAL (if SUBTOTAL, check here)						

Requesting Department Approval: [Signature]

Title: Under Sheriff

Date: 9-26-08

Finance Department Approval: [Signature]

Date: 10/2/08

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Updated by: \_\_\_\_\_

Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Greg Solano/Sheriff Dept/Div: Sheriff's Office Phone No.: 505-986-2455

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 budget grant awarded by the NMDOT to the Sheriff's Office for the Impaired Driving Demonstration Program. Through this grant the Santa Fe County Sheriff's Office will have the funding to maintain the 4 FTE's as law enforcement officers, whose time is totally dedicated to high visibility enforcement of DWI laws.

## a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-1212-424-10.26	Salary & Wages/Term Employee	DWI Officer/term (4)	Deputies

## 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 x

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*DEPARTMENT CONTACT: Name: Greg Solano/Sheriff Dept/Div: Sheriff's Office Phone No.: 505-986-2455

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.  

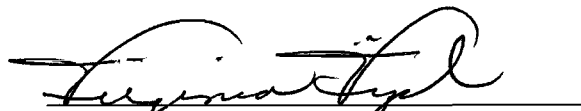
<u>Title:</u>	Impaired Driving Demonstration Program
<u>Project:</u>	09-AL-FTE164-091
<u>Award Period:</u>	October 1, 2008 – September 30, 2009
<u>Amount:</u>	\$350,600.00
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X \_\_\_\_\_  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.  
N/A

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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.

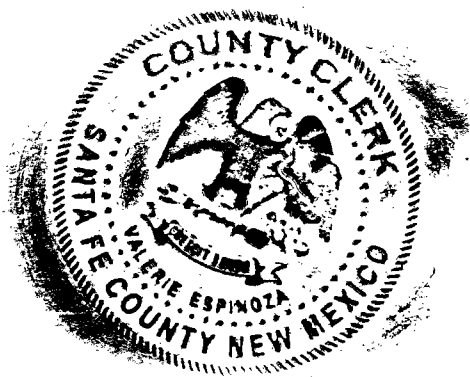
Approved, Adopted, and Passed This 14th Day of October, 2008.

Santa Fe Board of County Commissioners

  
Paul Campos, Chairperson

ATTEST:

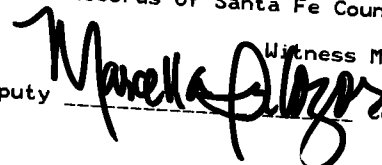
  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

BCC RESOLUTIONS  
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I Hereby Certify That This Instrument Was Filed for  
Record On The 25TH Day Of November, 2008 at 10:10:50 AM  
And Was Duly Recorded as Instrument # 1545002  
Of The Records Of Santa Fe County

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