

SANTA FE COUNTY

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RESOLUTION 2009 - 15

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 / Region III Fund Name: Federal Forfeiture Fund 225Budget 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
225	1205	370	0000	Grants / Intergovernmental Grants	19,813.00	
TOTAL (if SUBTOTAL, check here)					19,813.00	

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
225	1205	425	10-25	Overtime	5000.00	
225	1205	425	70-42	Sheriff's Expense	9000.00	
225	1205	425	40-04	Vehicle Maintenance	813.00	
225	1205	425	50-90	Other Contractual Services	5000.00	
TOTAL (if SUBTOTAL, check here)					19,813.00	

Requesting Department Approval: _____

Title: SheriffDate: 12-30-08Finance Department Approval: Jason CM MartinezDate: 1/16/09

Entered by: _____ Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____ Date: _____

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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 to increase the budget for Fund 225—Cost Center 1205 in the amount of \$19,813, and are funds awarded to Region III through the Equitable Sharing Program from Federal Law Enforcement Agencies; DEA and FBI. These funds are a result of joint investigations, and were not previously budgeted.

a) Employee Actions

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

- 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.):

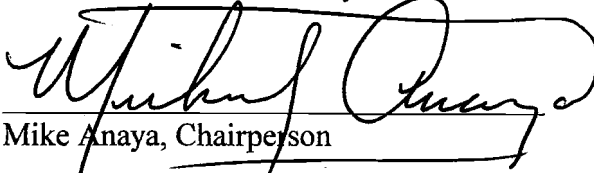
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) ~~If this is a state special appropriation,~~ YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal 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 an award letter and proposed budget.
This request includes the Equitable Sharing Program from Federal Law Enforcement Agencies; DEA and FBI. These funds are a result of joint investigations.
 - c) Is this request is a result of Commission action? YES _____ NO XX
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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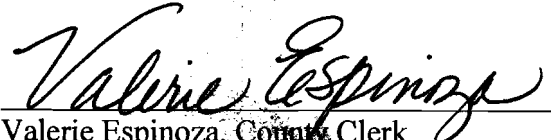
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

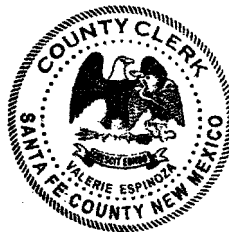
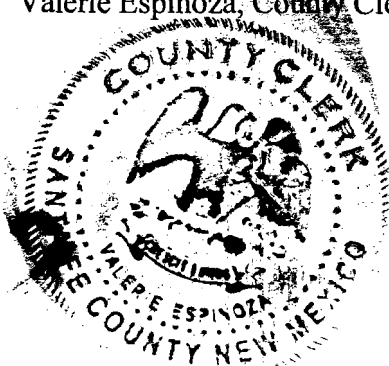
Approved, Adopted, and Passed This 27 Day of January, 2008.

Santa Fe Board of County Commissioners


Mike Anaya, Chairperson

ATTEST:

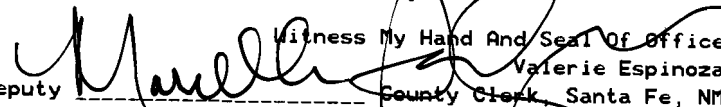

Valerie Espinoza, County Clerk



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 28TH Day Of January, 2009 at 11:35:59 AM
And Was Duly Recorded as Instrument # **1550411**
Of The Records Of Santa Fe County

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