

RESOLUTION 2009 - 32

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

Whereas, the Board of County Commissioners meeting in regular session on Feb. 19, 2009, did request the following budget adjustment:

Department / Division: Sheriff's Office 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 | 1201 | 372 | 0901 | Dept of Justice / Assistance Grant Programe Edward Byrne Memorial Justice 2008 PA# 2008-DJ-BX-502 | 11,644.00 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 11,644.00 | |

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 | 1201 | 424 | 8099 | Capital Purchase / Equipment - Inventory Exempt | 11,644.00 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 11,644.00 | |

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 1-27-09

Finance Department Approval: [Signature] Date: 2/10/09 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.
 - The increase request is to budget grant# 2008-DJ-BX-0502 / The Edward Byrne Memorial Justice Assistance (JAG) Grant awarded by the Department of Justice-Office Justice Programs to the Sheriff's Office. This grant will provide the funding to purchase new radios w/internal repeaters, which will enhance the signal range and the clarity while transmitting regardless of the terrain. This will provide better communications between our law enforcement officers, rescue teams and emergency personnel while serving our community.

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 |
|--------------------|--|-----------|
| 101-1201-425.80-99 | Capital Purchase / Inventory Exempt - Equipment/Radios | 11,644.00 |
| | | |
| | | |

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

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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.
Title: Assistance Grant Program (JAG)
Project no.: 2008-DJ-BX-0502
Award Period: October 01-2007 to September 30-2011
Amount: \$11,644.00
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

SANTA FE COUNTY

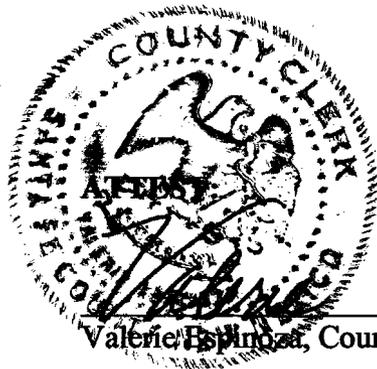
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 10th Day of February, 2009.

Santa Fe Board of County Commissioners

[Signature]
Mike D. Anaya, Chairperson



[Signature]
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 24TH Day Of February, 2009 at 01:08:12 PM and Was Duly Recorded as Instrument # 1553435 of The Records Of Santa Fe County

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