

SANTA FE COUNTY
 RESOLUTION 2009 - 41

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 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	371	09-00	State / Traffic Safety Operation Buckle Down PA# 09-OP-RF-091	3312.00	
TOTAL (if SUBTOTAL, check here)					3312.00	

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	10-25	Salary & Wages / Overtime	3076.64	
101	1201	424	20-01	Employee Benefits / FICA - Regular	190.75	
101	1201	424	20-02	Employee Benefits / FICA - Medicare	44.61	
TOTAL (if SUBTOTAL, check here)					3312.00	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 2-23-09

Finance Department Approval: [Signature] Date: 2/16/09 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.

This increase request is to budget PA# 09-OP-RF-091/Operation Buckle to the Sheriffs General Fund (101-1201-424) . The purpose of this grant is to provide funding to New Mexico Law Enforcement for the enforcement of occupant protection laws and ordinances aimed at increasing seatbelt and child restraint usage.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-1201-424.10-25	Salary and Wages / Overtime	Existing / permanent	Deputy

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
n/a		

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

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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.
 - Title : Operation Buckle Down
 - Project : 09-OP-RF-091
 - Award Period : October 1, 2008 to September 30, 2009
 - Amount : \$3312.00
 - 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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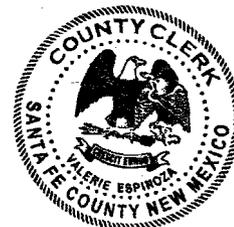
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 24 Day of February, 2009.

Santa Fe Board of County Commissioners

Signature of Michael D. Anaya, Chairperson

Mike D. Anaya, Chairperson



Signature of Valerie Espinoza, County Clerk

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES:
I Hereby Certify that This Instrument Was Filed for
Record On The 26TH Day Of February, 2009 at 10 05:25 AM
And Was Duly Recorded as Instrument # 1553703
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy Marcella [Signature]