

SANTA FE COUNTY

RESOLUTION 2009 - 82

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

Whereas, the Board of County Commissioners meeting in regular session on April 28, 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	381	03.00	MOU/US Marshals Service & Sheriff's Office USMS Asset Forfeiture Fund	10,875.00	
TOTAL (if SUBTOTAL, check here )					10,875.00	

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	10,102.18	
101	1201	424	20.01	Employee Benefits / FICA - Regular	626.34	
101	1201	424	20.02	Employee Benefits ? FICA - Medicare	146.48	
TOTAL (if SUBTOTAL, check here )					10,875.00	

Requesting Department Approval: [Signature] Title: Under Sheriff Date: 4-7-09  
 Finance Department Approval: [Signature] Date: 4/9/09 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.  
Request for increase is to budget the MOU between the US. Marshal Service and the SF Cnty Sheriff's Office per the USMS Asset Forfeiture Fund. This MOU provides the Sheriff's Office with the funding for overtime incurred by any Law Enforcement Officer within the Sheriff's Office who actively participate in fugitive apprehension investigations. .

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-1201-424-10.25	Overtime	Permanent	Law Enforcement Officers

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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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.

<b><u>Title:</u></b>	<b>MOU/US Marshals Service/USMS Asset Forfeiture Fund</b>
<b><u>Project #</u></b>	<b>none</b>
<b><u>Award Period:</u></b>	<b>Oct 1, 2008 thru Sept 30, 2009</b>
<b><u>Amount:</u></b>	<b>\$10,875.00</b>

- 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.

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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 28<sup>th</sup> Day of April, 2009.

~~Santa Fe Board of County Commissioners~~

*Mike D. Anaya*  
Mike D. Anaya, Chairperson

ATTEST:

*Valerie Espinoza*  
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 28<sup>TH</sup> Day Of April, 2009 at 11:09:20 AM  
And Was Duly Recorded as Instrument # 1540892  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM