

SANTA FE COUNTY

RESOLUTION 2015 - 117

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

Whereas, the Board of County Commissioners meeting in regular session on August 25, 2015, did request the following budget adjustment:

Department / Division: Sheriff's Department / Region III Fund Name: Equitable Sharing Account Federal Forfeitures (225)

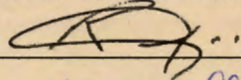
Budget Adjustment Type: Budget Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

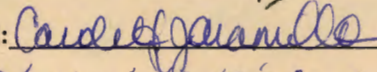
BUDGETED REVENUES: (use continuation sheet, if necessary)

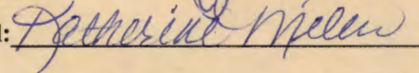
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
225	1205	385	0300	Budgeted Cash	6,550.00	
TOTAL (if SUBTOTAL, check here)					6,550.00	

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	40-02	Equipment	50.00	
225	1205	425	80-03	Equipment & Machinery	6,500.00	
TOTAL (if SUBTOTAL, check here)					6,550.00	

Requesting Department Approval:  Title: Sheriff Date: 7-9-15

Finance Department Approval:  Date: 8/6/15 Entered by: _____ Date: _____

County Manager Approval:  Date: 8-25-15 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lt. Scott McFaul, Operations Commander Dept/Div: Sheriff / Region III Phone No.: 505-473-7021

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 Resolution is requesting to increase the Program Income Cost Center 225-1205 for cash carryover from the previous fiscal year which will be used to purchase Night Vision Equipment for Night Operations within Region III and for maintenance contracts for copiers at the Region III Office.

a) Employee Actions: **NONE**

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: **NONE**

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
80-03	Equipment/Machinery / Purchase of Night Vision Equipment for Night Operations within Region III	6,500.00

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

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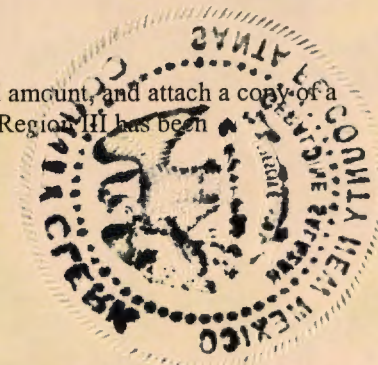
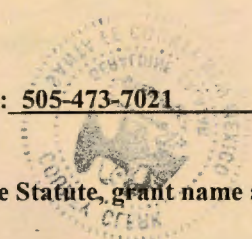
ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lt. Scott McFaul, Operations Commander Dept/Div: Sheriff's Office / Region III Phone No.: 505-473-7021

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 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. Cost-Center 225-1205 is supported through the Federal Equitable Sharing Program, Region III has been participating in since 2001.
 - 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.
There are no other funding sources to match this request.

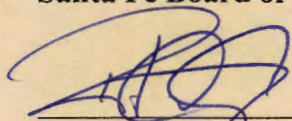


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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

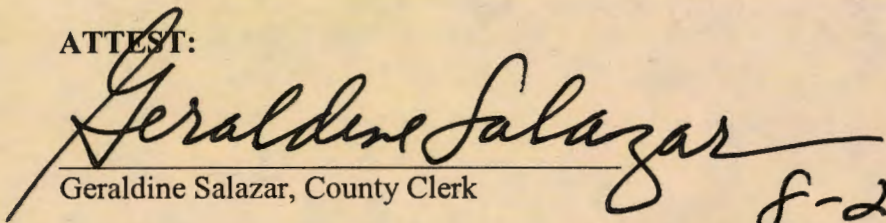
Approved, Adopted, and Passed This 25th Day of August, 2015.

Santa Fe Board of County Commissioners



Robert Anaya, Chairperson

ATTEST:



Geraldine Salazar, County Clerk


8-25-2015



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 26TH Day Of August, 2015 at 09:51:40 AM
And Was Duly Recorded as Instrument # **1772949**
Of The Records Of Santa Fe County

Deputy  County Clerk, Santa Fe, NM

Witness My Hand And Seal Of Office
Geraldine Salazar

