SANTA FE COUNTY

RESOLUTION 2016 - 105

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

Whereas, the Board of County Commissioners meeting in regular session on September 27, 2016, did request the following budget adjustment:

Department / Division: Sheriff's Office

Fund Name: DWI Grant (246-1233) & Marshals (246-1232)

Budget Adjustment Type: Increase and decrease

Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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
246	1233	371	0900	NMDOT: DWI SEIZURE GRANT		$18,300.00
246	1232	381	0300	SWIFT FUGITIVE TASK FORCE	$2,941.00	
TOTAL (if SUBTOTAL, check here ____)					$2,941.00	$18,300.00

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
246	1233	424	1025	OVERTIME		$4,500.00
246	1233	424	1026	TERM EMPLOYEES	$1,248.00	
246	1233	424	2001	FICA/REGULAR	77.00	
246	1233	424	2002	FICA/MEDICARE		46.00
246	1233	424	2003	PERA	256.00	
TOTAL (if SUBTOTAL, check here X)					$1,581.00	$4,546.00

Requesting Department Approval: _____ **Title:** Undersheriff **Date:** 9-14-16

Finance Department Approval: Carole H. Jaramillo **Date:** 9/15/16 **Entered by:** _____ **Date:** _____

County Manager Approval: Katherine Miller **Date:** 10-3-16 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2016 - 105

BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here ____)						

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
246	1233	424	2005	HEALTHCARE	$419.00	
246	1233	424	2006	RETIREE HEALTH	$25.00	
246	1233	424	2008	WORKERS COMP (ASSESSMENT)	$12.00	
246	1233	424	5003	CONTRACTUAL/PROFESSIONAL		13,091.00
246	1233	424	6007	OPERATIONAL SUPPLIES		$2,000.00
246	1233	424	7037	PRINTING/PUBLISHING/ADVERTISING		$700.00
246	1232	381	1025	OVERTIME	$3,005.00	
246	1232	381	2002	FICA-MEDICARE		$64.00
TOTAL (if SUBTOTAL, check here ____)				SUBTOTAL FROM PAGE 1	3,461.00	$15,855.00
				TOTAL	1,581.00	4,546.00
					$5,042.00	$20,401.00

SANTA FE COUNTY

RESOLUTION 2016 - 105

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Ron Madrid **Dept/Div:** Sheriff's Office **Phone No.:** 505-986-2457

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 enclosed is a reconciliation of the DWI Seizure Grant and the US Marshals Grant.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1025 & 20XX	Overtime and Benefits (DWI Grant only)	Permanent & Term	Sworn and Clerical (DWI)

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 X or for NON-RECURRING (one-time only) expense _____

SANTA FE COUNTY

RESOLUTION 2016 - 105

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ron Madrid **Dept/Div:** Sheriff's Office **Phone No.:** 505-986-2457

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 X NO _____
    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.
    1. DWI Seizure Grant: Grant#16-AL-64-P07, Term: 10/1/15-9/30/16, FY17 budget $20,200
    2. US Marshals: SWIFT Fugitive Task Force: Grant#13-JAG-SWIFT-SFY16/12-JAG-SWIFT-SFY16, Term 10/1/15-9/30/16, FY17 budget $7,441

  - 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.

SANTA FE COUNTY

RESOLUTION 2016 - 105

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 27th **Day of** September, **2016.**

Santa Fe Board of County Commissioners

Miguel M. Chavez, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

BCC RESOLUTIONS
COUNTY OF SANTA FE) PAGES: 5
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 5TH Day Of October, 2016 at 10:56:03 AM
And Was Duly Recorded as Instrument # 1806315
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy County Clerk, Santa Fe, NM