SANTA FE COUNTY

RESOLUTION 2016 - 96

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

Whereas, the Board of County Commissioners meeting in regular session on Sept. 13, 2016, did request the following budget adjustment:

Department / Division: Sheriff's Office / Region III

Fund Name: Equitable Sharing Account Federal Forfeitures (225)

Budget Adjustment Type: Budget Increase

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
225	1205	385	0300	Budgeted Cash	5,000.00	
TOTAL (if SUBTOTAL, check here ____)					5,000.00	

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	50.03	Contractual / Overtime	5,000.00	
TOTAL (if SUBTOTAL, check here ____)					5000.00	

Requesting Department Approval: _____ **Title:** Sheriff **Date:** 8-15-16

Finance Department Approval: _____ **Date:** 8/26/16 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 9.13.16 **Updated by:** _____ **Date:** _____

8/24/16

SANTA FE COUNTY

RESOLUTION 2016 - 916

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Lt. Scott McFaul, Program Manager** **Dept/Div: Sheriff's Office / Region III** **Phone No.: 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 utilized for overtime for assigned agents.

  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
50.03	Increase - Contractual / Overtime	5,000.00

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

SANTA FE COUNTY

RESOLUTION 2016 - 96

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lt. Scott McFaul, Program **Dept/Div:** Sheriff's Office / Region III **Phone No.:** 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. Cost Center 225-1205 is supported through the Federal Equitable Sharing Program, Region III has been participating in since 2001.
  - 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.
  - 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.

SANTA FE COUNTY

RESOLUTION 2016 - 96

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 13th **Day of** September **, 2016.**

Santa Fe Board of County Commissioners

Miguel M. Chavez, Chairperson

ATTEST:

Geraldine Salazar, 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 14TH Day Of September, 2016 at 10:30:43 AM And Was Duly Recorded as Instrument # 1804399 Of The Records Of Santa Fe County

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

SFC CLERK RECORDED 09/14/2016