

**SANTA FE COUNTY
RESOLUTION 2020-60**

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

Budget Adjustment Type (drop down) _____ Budget Increase Fiscal Year: 2020 (July 1, 2020 - June 30, 2021)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
246	1240	372	09-01	Revenue	\$ 9,000.00	
TOTAL					\$ 9,000.00	\$ -

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
246	1240	424	10-25	Salary & Wages/Overtime	\$ 9,000.00	
TOTAL					\$ 9,000.00	\$ -

Requesting Department Approval: [Signature] Title: MANAGER/ELIFF Date: 08-20-2020 Log # 126
 Reviewed and approved by: S. Annette G. Baca, Accountant Senior-Grants 08-20-2020
 Finance Dept Approval: [Signature] Date: 8/16/20 Budget Administrator JOEY
 County Mgr Approval: [Signature] Date: _____ Entered by: _____ Date: _____

REC'D CLERK RECORDED 09/09/2020

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DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT

(If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.)

1	<p>Please summarize the request and its purpose in the area below.</p> <p>The Santa Fe County Sheriff's Office has been awarded funding from the U.S. Department of Justice-United States Marshals Service for overtime paid to detectives to participate in Sex Offender Registration and Notification Act (SORNA) Verification in Santa Fe County. Funds shall be used only for the purposes set forth in the Investigative Operations Obligation. Santa Fe County has approximately 34 Offenders that need to be brought into compliance and with funding from the U.S. Department of Justice, it would be possible.</p>	<p>Recurring</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Non-Recurring</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>			
2	<p>Is this Budget Action for a Recurring or Non Recurring Expense(one-time)</p>	<p>Recurring</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Non-Recurring</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>			
3	<p>Does this request impact a revenue source?</p>	<p>Yes</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>No</p> <p style="text-align: center;"><input type="checkbox"/></p>			
	<p>A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy</p> <p style="text-align: center;">No</p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>			
	<p>B. Does this include state or federal funds? DOJM-20-D51-O-000359</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>			
	<p>C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc)</p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>			
	<p>D. Is a match required? If Yes, please identify funding source in the line below.</p> <p style="text-align: center;">PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW</p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>			
FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY / LINE ITEM	AMOUNT	BUDGETED (Drop Down)

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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 8th Day of September, 2020.



ATTEST

Geraldine Salazar
Geraldine Salazar, County Clerk

Santa Fe Board of County Commissioners

[Signature]
Henry P. Roybal, Chairperson

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

Hereby Certify That This Instrument Was Filed for Record On The 9TH Day Of September, 2020 at 04:09:27 PM and Was Duly Recorded as Instrument # 1927412 The Records Of Santa Fe County

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

09/09/2020

RECORDED

SANTA FE COUNTY CLERK

[Signature]

INSTRUCTIONS: See page 2 for detailed instructions.

SECTION 1: OBLIGATION

The obligation number will be entered once all parties have signed the form USM614.

UFMS OBLIGATION #: M-20-D51-O-000359

SECTION 2: PARTICIPATING AGENCIES

Notification to state and local agencies of funding provided in support of U.S. Marshals Service operations, pursuant to the Memorandum of Understanding (MOU) between:

Santa Fe County Sheriff's Office
and
District of New Mexico (51)

SECTION 3: PROJECT / OPERATION NAME

D/NM Santa Fe County Verification FY20

SECTION 4: PERIOD OF PERFORMANCE

July 10, 2020 to September 10, 2020

SECTION 5: APPROPRIATION DATA

FISCAL YEAR	ORGANIZATION	FUND	PROJECT	SOC	PURPOSE	DOLLAR AMOUNT	
				21000	Travel / Per Diem		
				31011	Investigative Expenses		
2020	H51/D51	0324AD	FWB3000F	25200	State & Local Overtime	\$9,000.00	
				26001	Supplies & Materials		
ADD APPROPRIATION DATA						TOTAL OBLIGATION AMOUNT:	\$9,000.00

SECTION 6: CONTACT INFORMATION

DISTRICT/HQ CONTACT:

Name: Paul Hernandez
Phone: 505-803-2488
E-mail: Paul.Hernandez@usdoj.gov

STATE/LOCAL CONTACT:

Name: Jonathan Jaramillo
Phone: 505-986-2485
E-mail: jjaramillo@santafecountynm.gov

SECTION 7: AUTHORIZATION

This obligation document serves as notification of funding provided to support state and local agencies participating in U.S. Marshals Service Operations subject to the availability of funds. The U.S. Marshals Service reserves the right to remove unused residual funds upon completion of payments under this obligation.

USMS Administrative Representative - Certification of Funds:

Signature: PEDRO TORRES Digitally signed by PEDRO TORRES Date: 2020.07.08 11:50:34 -06'00' Date: 07/08/2020
Pedro Torres, Program Support Specialist

USMS Operational Representative - Obligation Approval:

Signature: JAMES BURRELL Digitally signed by JAMES BURRELL Date: 2020.07.08 15:28:19 -06'00' Date: 07/08/2020
James Burrell, Chief

Departmental Representative - Acknowledgement:

Signature: Katherine Miller Date: 7.8.2020
Katherine Miller, County Manager

SECTION 8: STATE/LOCAL FINANCIAL CONTACT INFORMATION:

A. The state/local agency will be applied by the state/local agency financial contact information.
B. The state/local agency will provide a valid DUNS number from the SAM.gov database.

Name: Clarissa Garcia E-mail: cvgarcia@santafecountynm.gov
Phone: 505-986-2444 State/Local Agency DUNS #: 053-29-7131

SFC CLERK RECORDED 09/09/2020

FORM USM-614 INSTRUCTIONS

The Investigative Operations Obligation Document is designed to provide district, regional fugitive task forces, and SOIB one standard obligating form to record new obligations with in UFMS. To adjust funding in an existing obligation, please refer to Form USM-614A, Investigative Operations Modification Document. Funding in support of the operation is pursuant to the existing Memorandum of Understanding (MOU) between the USMS and the state or local law enforcement agency participant. Reimbursements are subject to the availability of funds and contingent upon the submission of proper documentation. Please note that overtime reimbursements require the submission of agency invoices and supporting documentation on a quarterly basis.

In the event that the USMS will use a payment method OTHER than reimbursement directly to the state or local agency, additional guidance will be provided by USMS Headquarters. The district, RFTE, and SOIB office is responsible for communicating payment procedures to their partnering agencies. All payments are made via Electronic Funds Transfer (EFT) through the U.S. Department of Treasury.

SECTION 1: Obligation Number

- A. Enter UFMS Obligation number.

SECTION 2: Participating Agencies

- A. BOX 1: Enter name of state or local participating agency.
- B. BOX 2: Use drop down menu to select appropriate USMS Office.

SECTION 3: Project/Operation Name

- A. USMS Office will insert the name of the project or operation being funded.

SECTION 4: Period of Performance

- A. Insert valid period of performance for the obligation. Obligations created using the one-page Investigative Operations Obligation Form may not cross fiscal years.
- B. Period of performance must begin no earlier than the date of funds availability and end no later than September 30 of the current fiscal year.

SECTION 5: Appropriation Data

- A. Enter information across appropriate field for all items being obligated. All fields for a line item must be completed in order to proceed to the next step.
- B. Project Codes: Will be assigned by USMS Office.

SECTION 6: Contact Information

- A. Enter District/HQ contact information (Box 1) and State/Local contact information (Box 2).

SECTION 7: Authorization

- A. Certification of Funds: Signature will be applied by the USMS representative upon confirmation that funds have been moved into the budget.
- B. Obligation Approval: Signature will be applied by USMS representative upon receipt of obligation document. To ensure sufficient internal controls and proper segregation of duties, the USMS representative approving obligation forms cannot also approve invoices or reimbursements related to the same obligation. (See U.S. Office of Management and Budget (OMB) Circular A-123 and USMS Office of Finance guidance for further information regarding internal controls.)
- C. Acknowledgement: Signature will be applied by state or local agency representative. The obligation is not valid until all parties have signed. When completed, the form will be returned to the District/RFTE office. Once form is signed by all parties in section 7, the USMS office that is responsible for initiating the commitment, will create the obligation in UFMS and attach this form.

SECTION 8: State/local Financial Contact Information

- A. The state/local agency will be applied by the state/local agency financial contact information.
- B. The state/local agency will provide a valid DUNS number from the SAM.gov database.

SFC CLERK RECORDED 09/09/2020