SFC CLERK RECORDED 18/27/2018

SANTA FE COUNTY

RESOLUTION 2010 -	195
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Page1	of_	_4
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A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas,						
Department / Division:Sheriff's Office Fund Name:Law Enforcement					perating Fund	
Budget A	Adjustment Type:Increase Fiscal Year: _2011 (July 1, 2010 - June 30, 2011)_				<u> 11)</u>	
BUDGET	ED REVENUES	: (use continuation	on sheet, if necess	sary)		
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
246	1212	371	09.00	State Grant-NMDOT/Traffic Safety	87,650.00	
	1 1			. I		1
FOTAL (i	SUBTOTAL, che	eck here)			87,650.00	
				, if necessary)	87,650.00	
BUDGET	TED EXPENDI	TURES: (use co	element/	, if necessary) CATEGORY/LINE ITEM	INCREASE	DECREASE
BUDGET	TED EXPENDI	TURES: (use co	ontinuation sheet	category/Line ITEM		
BUDGET	TED EXPENDITED EXPENDI	TURES: (use co	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare	INCREASE AMOUNT	DECREASE
FUND CODE XXX 246 246 246	DEPARTMENT/ DIVISION XXXX 1212 1212 1212	TURES: (use constitution of the constitution o	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions	INCREASE AMOUNT 59801.87 867.13 16601.00	DECREASE
FUND CODE XXX 246 246 246 246 246	DEPARTMENT/ DIVISION XXXX 1212 1212 1212 1212 1212	ACTIVITY BASIC/SUB XXX 424 424 424 424 424	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03 20.05	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions Employee Benefits/Healthcare	INCREASE AMOUNT 59801.87 867.13 16601.00 9602.58	DECREASE
FUND CODE XXX 246 246 246 246 246 246	DEPARTMENT/ DIVISION XXXX 1212 1212 1212 1212 1212 1212 1212	ACTIVITY BASIC/SUB XXX 424 424 424 424 424 424	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions	INCREASE AMOUNT 59801.87 867.13 16601.00 9602.58 777.42	DECREASE
FUND CODE XXX 246 246 246 246 246 246	DEPARTMENT/ DIVISION XXXX 1212 1212 1212 1212 1212	ACTIVITY BASIC/SUB XXX 424 424 424 424 424 424	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03 20.05	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions Employee Benefits/Retiree Healthcare	INCREASE AMOUNT 59801.87 867.13 16601.00 9602.58	DECREASE
FUND CODE XXX 246 246 246 246 246 7OTAL (i	DEPARTMENT/ DIVISION XXXX 1212 1212 1212 1212 1212 1212 1212	ACTIVITY BASIC/SUB XXX 424 424 424 424 424 424 eck here	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03 20.05	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions Employee Benefits/Healthcare	INCREASE AMOUNT 59801.87 9607.13 16601.00 9602.58 777.42 87650.00	DECREASE AMOUNT
FUND CODE XXX 246 246 246 246 246 246 TOTAL (i	DEPARTMENT/ DIVISION XXXX 1212 1212 1212 1212 1212 1212 12	ACTIVITY BASIC/SUB XXX 424 424 424 424 424 424 eck here)	ELEMENT/ OBJECT XXXX 10.26 20.02 20.03 20.05 20.06	CATEGORY/LINE ITEM NAME Salary & Wages/Term Employees Employee Benefits/FICA-Medicare Employee Benefits/Retirement Contributions Employee Benefits/Retiree Healthcare	INCREASE AMOUNT 59801.87 867.13 16601.00 9602.58 777.42 87650.00	DECREASE AMOUNT

SANTA FE COUNTY

RESOLUTION 2010 - 195

Page_	_2	of_	_4	
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ATTACH AD	DITIONAL SHEETS	IF NECESSARY.	•		
	ENT CONTACT: g Solano - Sheriff	Dept/Div:Sheriff's Office	Phone No.:	_(505) 986-2455	
	JUSTIFICATION FO	OR REQUESTING BUDGET ADJUSTMENT (If applicab	ole, cite the following authority: Sta	ate Statute, grant n	ame and award
Requ	grant is specifically for	est and its purpose. udget grant awarded by the NMDOT/PA# 09-AL-FTE164-09 r the one (1) full term Law Enforcement Officer that are dedicated fatalities in the state of New Mexico.			
	Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title	
<u> </u>	 -	 			
F			<u> </u>		
F					
b) Pr	rofessional Services (50	0-xx) and Capital Category (80-xx) detail:			
	Line Item	Detail (what specific things, contracts, or services are being	added or deleted)		Amount
}-					
-		 	 		
<u> </u>		 			
• 2) Is the	e budget action for RE	CCURRING expense or for NON-RECURRING (o.	ne-time only) expenseX		

SFC CLERK RECORDED 18-27/2018

SANTA FE COUNTY

RESOLUTION 2010 - 195

Page	3	of	4
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ATTACE	ADDI	TIONAL SHEET	S IF NECESSAI	R <i>Y</i> .			
DEPAR	TMEN	CONTACT:	,				
Name:_		Greg Solano - She	riff	Dept/Div:	Sheriff's Office		Phone No.:_(505) 986-2455
		STIFICATION F , regulations, etc.		ING BUDGET	ADJUSTMENT (I	f applicable, cite the	e following authority: State Statute, grant name and award
• 3)			pecial appropriati	on, YES	dentify (i.e. General I		deral funds, etc.), and address the following:
	• b)		te and attach a co		XNO	on, or include grant	name, number, award date and amount, and attach a copy of a
		Title: Project #: Award Period: Awarded Amt :	11-AL-FTE164 October 1, 2010	-091	tion (Six County/FT 30, 2011	E) Program	
	• c)				YESNO ag documentation (i.e		on, Ordinance, etc.).
	• d)	Please identify of N/A	ther funding sour	ces used to mate	ch this request.		

SANTA FE COUNTY RESOLUTION 2010 - 195

Page	of

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 26th Day of October

Santa Fe Board of County Commissioners

ATTEST:

Valerie Espinoza, County Cle





COUNTY OF SANTA FE TATE OF NEW MEXICO BCC RESOLUTIONS Hereby Certify That This Instrument Was Filed for

Record On The 27TH Day Of October, 2010 at 12:02:20 pm And Was Duly Recorded as Instrument # 1615161 of The Records Of Santa Fe County

My Hand And Seal Of Office √Valerie Espinoza

y Clerk, Santa Fe, NM