

SANTA FE COUNTY

RESOLUTION 2010 - 197

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 2010, did request the following budget adjustment:

Department / Division: Sheriff/ Region III Fund Name: 2010 Edward Byrne Memorial Justice Assistance Grant (JAG) Award

Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2012)

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	1214	372	0800	Federal Grant Award / Edward Byrne Memorial, Justice Assistance Grant (JAG) through the Dept. Of Public Safety FY2010.	106,511.00	
TOTAL (if SUBTOTAL, check here)					106,511.00	

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	1214	425	1025	Over Time Pay	20,000.00	
246	1214	425	1026	Term Employee	36,206.00	
246	1214	425	2003	Benefits	11,590.00	
246	1214	425	3503	Vehicle Maintenance	2,000.00	
246	1214	425	4007	Maintenance Supplies	1,309.45	
246	1214	425	5090	Other Contractual Services	20,000.00	
TOTAL (if SUBTOTAL, check here XX)					91,105.45	

Requesting Department Approval: [Signature] Title: Sheriff Date: 10-4-10

Finance Department Approval: [Signature] Date: 10/18/2010 Entered by: _____ Date: _____

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

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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	1214	425	6007	Office Supplies	2,500.00	
246	1214	425	6008	Field Supplies	2,500.00	
246	1214	425	7003	Telephone	500.00	
246	1214	425	7042	Sheriff's Expense	4,580.00	
246	1211	425	7090	Administrative Fees	5,325.55	
TOTAL (if SUBTOTAL, check here XX)					15,405.55	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph Lopez – Region III Dept/Div: Sheriff / 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 budget increase is the Awarded amount through the Department of Public Safety, from the Edward Byrne Memorial, Justice Assistance Grant, (JAG) for Fiscal Year 2010.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1025	Overtime for Agents assigned to Region III or other deputies from the Sheriff Dept.		Agent
1026	Salaries for two Grant Employees, which are Term positions.	Term	Adm. Secretary / Program Mgr.

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
5090	Overtime for other Agencies, who have agents assigned to the Region III Task Force	20,000.00

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

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Page 4 of 5*ATTACH ADDITIONAL SHEETS IF NECESSARY.***DEPARTMENT CONTACT:**

Name: Ralph Lopez – Region III Dept/Div: Sheriff / 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 XX
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES XX 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 award letter and proposed budget. This requested budget is the Awarded amount through the Department of Public Safety for Fiscal Year 2010, from the Edward Byrne Memorial Justice Assistance Grant (JAG) Funding in the amount of \$106,511.00.
 - c) Is this request is a result of Commission action? YES _____ NO XX
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.

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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 26th Day of October, 2010.

Santa Fe Board of County Commissioners



Harry B. Montoya, Chairperson

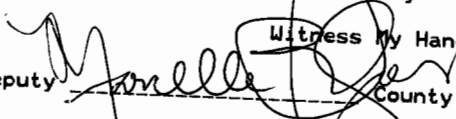


ATTEST:



Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of October, 2010 at 12:02:22 PM
And Was Duly Recorded as Instrument # 1615163
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM