

SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on November 30, 2010, did request the following budget adjustment:Department / Division: Sheriff / Region IIIFund Name: Law Enforcement Operations Fund (246)Budget Adjustment Type: Budget IncreaseFiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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 | 1204 | 372 | 0800 | Federal Grant Award / Edward Byrne Memorial Justice Assistance Grant (JAG) through the Dept. Of Public Safety FY2009 | \$1,959.39 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$1,959.39 | |

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 | 1204 | 425 | 5090 | Other Contractual Services | 959.39 | |
| 246 | 1204 | 425 | 7042 | Sheriff's Expense | 1,000.00 | |
| TOTAL (if SUBTOTAL, check here) | | | | | \$1,959.39 | |

Requesting Department Approval: [Signature] Title: Sheriff Date: 10-19-10Finance Department Approval: [Signature] Date: 9/15/10 Entered by: _____ Date: _____

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph Lopez, Program Manager – Region III Task Force 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 request is to carry over the available budget awarded through the Department of Public Safety, from the Edward Byrne Memorial, Justice Assistance Grant DPSJAG09-07 rev-REGIII. Awarded amount of \$144,606.00.

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 |
|-----------|--|----------|
| 5090 | Overtime for other Agencies, who have agents assigned to the Region III Task Force | \$959.39 |
| | | |
| | | |

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

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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.):

- 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 a award letter and proposed budget. This requested available budget is the remaining Awarded amount through the Department of Public Safety for Fiscal Year 2009, from the Edward Byrne Memorial, Justice Assistance Grant Award DPSJAG09-07 rev-REGIII, \$144,606.00.
 - 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 30th Day of November, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry B. Montoya, Chairperson

ATTEST:

[Signature]
Valerie Espinoza, 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 1ST Day Of December, 2010 at 09:16:32 AM
And Was Duly Recorded as Instrument # 1618519
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
[Signature] Valerie Espinoza
Deputy County Clerk, Santa Fe, NM