Page_1_ of _4__

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

Whereas, the Board of County Commissioners meeting in regular session on December 14, 2010, did request the following budget adjustment:

Department / Division: _____ Sheriff's Office _____ Fund Name: ____Law Enforcement Operation Fund ______

Budget Adjustment Type: Budget Increase Fiscal 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	1201	372	09.04	Grant/NMDOT-Programs Division, Traffic Safety Bureau – PA#11-AL-64-091	33,801.00	
TOTAL (if SUBTOTAL, check here)				33,801.00		

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / L NAME		INCREASE AMOUNT	DECREASE
246	1201	424	10.25	Salary & Wages		31,399.00	
246	1201	424	20.01	Employee Benefits/	-	1946.70	
246	1201	424	20.02	Employee Benefits / 1	FICA Medicare	455.30	
TOTAL (it	f SUBTOTAL, ch	neck here)		A		33,801.00	
		. 0	/	P	,		11 22.15
Requesting	g Department Ap	proval:	M	Title:	Injor	D	Date: 11-22-10
Finance De	epartment Appro	oval: MASA	M Or	11 Date: 19/10	Entered by:	D	Date:
County Ma	anager Approval	·		Date:	Updated by:	Ľ	Date:

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano - Sheriff

Dept/Div: Sheriff's Office Phone No.: (505) 986-2455

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. •

> Request to increase budget is to budget Grant PA# 11-AL-64-091 / Operation DWI awarded to the Sheriff's Office by NMDOT/Programs Division, Traffic Safety Bureau. The funding from this grant will assist the S.O. with the needed overtime to conduct DWI Sobriety Check points and Saturation Patrols aimed at reducing alcohol-related crashes, injuries, and deaths.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
246-1201-424-10.25	Salary & Wages / Overtime	Existing/Permanent	Patrol

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

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Greg Solano - Sheriff

Dept/Div: Sheriff's Office

Phone No.: (505) 986-2455

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.
 - 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.

Title: **Operating Buckle Down Project No.:** 11-AL-64-091 Award Period: October 1, 2010 to September 30, 2011 Amount Awarded: \$33,801.00

- 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. • N/A

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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 14th Day of December, 2010.

Santa Fe Board of County, Commissioners

Harry B. Montoya, Chairperson

ATTEST:

. .

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Valerie Espinoza, County Clerk



BCC RESOLUTIONS PAGES: 4 COUNTY OF SANTA FE I Hereby Certify That This Instrument Was Filed for Record On The 15TH Day Of December, 2010 at 11:15:50 AM And Was Duly Recorded as Instrument # 1620214 Of The Records Of Santa Fe County tness My Hand And Seal Of Office Valerie Espinoza County Clerk, Santa Fe, NM

SEC CLERK RECORDEDIZ/IS/ZBIB

Jeput