

SANTA FE COUNTY

RESOLUTION 1999 - 164

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 28, 1999, did request the following budget adjustment:

Department / Division: Finance Fund Name: EMS Health Care Fund

Budget Adjustment Type: Budget Decrease Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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 |
|--|---------------------------------|------------------------------|----------------------------|--------------------|--------------------|--------------------|
| 232 | 0000 | 311 | 0200 | Taxes-Local Effort | | \$280,000 |
| TOTAL (if SUBTOTAL, check here _____) | | | | | | \$ 280,000 |

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 |
|--|---------------------------------|------------------------------|----------------------------|------------------------------|--------------------|--------------------|
| 232 | 1521 | 461 | 5090 | Contractual Services | | \$ 280,000 |
| TOTAL (if SUBTOTAL, check here _____) | | | | | | \$ 280,000 |

Requesting Department Approval: Alfred Martinez Title: Business Administrator Date: 12/17/99

Finance Department Approval: Therese Miller Date: 12/21/99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 12-20-99

1721936

SANTA FE COUNTY

RESOLUTION 1999 - 164

Page 2 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Alfred Martinez Dept/Div: Finance Phone No.: _____

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 a decrease to the EMS Health Care Fund, Taxes-Local Effort; revenues were projected to be collected over twelve-months in FY 2000, revenue will only be recognized for ten months. State distributions of revenues are disbursed two months after they are collected.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
EMS Health Care Fund Taxes- Local Effort was a new fund in FY 2000. When the budget was prepared the fund was projected to receive twelve-months of revenues. However in the current year the fund will recognize only ten-months of revenues. The local tax effort begins collections in July therefore the county will start to receive disbursements in September.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
Non-recurring

- 4) Does this request impact a revenue source? If so, please identify (i.e. EMS Health Care Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation cites statute and attach a copy.
Yes, EMS Health Care Fund

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

1721937

SANTA FE COUNTY
RESOLUTION 1999 - 164

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Alfred Martinez Dept/Div: Finance Phone No.: _____

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

N/A
 - d) Please identify other funding sources that can be used to match this request.

N/A

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

N/A

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.

N/A

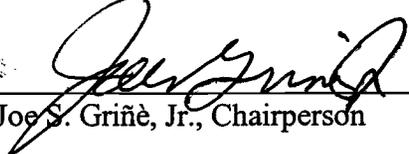
1721938

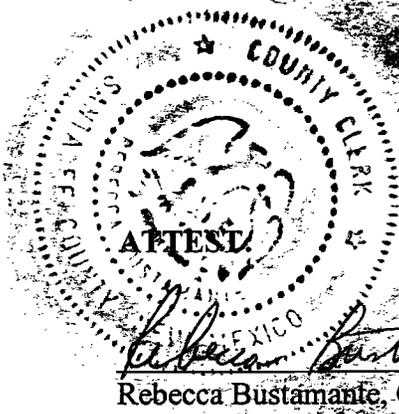
SANTA FE COUNTY
RESOLUTION 1999 - 164

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 28th Day of December, 1999.

Santa Fe Board of County Commissioners


Joe S. Grifone, Jr., Chairperson


ATTEST

Rebecca Bustamante, County Clerk

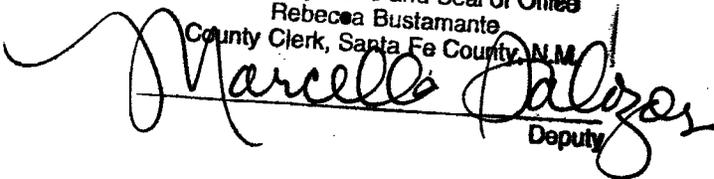
Approved As To Form.

By 
Denice Brown, County Attorney



1101.470
COUNTY OF SANTA FE
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed)
for record on the 29 day of Dec A.D.)
19 99, at 12:10 o'clock Pm)
and was duly recorded in book 1721)
page 930-939 of the records of)
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy

1721939