

2061228

# SANTA FE COUNTY

## RESOLUTION 2002 - 12

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

Whereas, the Board of County Commissioners meeting in regular session on January 29, 2002, did request the following budget adjustment:

Department / Division: Finance, Assessor, Public Works, Utilities, and Community & Health Development Fund Name: General, Valuation, Road Maintenance, Indigent, Water Enterprise, and Housing Enterprise

Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT / DIVISION	ACTIVITY / BASIS / SUB	OBJECT	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
203	0000	390	0000	Operating Transfer In	2,846.82	
204	0611	390	0100	Operating Transfer In	2,152.20	
220	0000	390	0000	Operating Transfer In	536.17	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )					5,535.19	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT / DIVISION	ACTIVITY / BASIS / SUB	OBJECT	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0000	490	0100	Operating Transfer Out	9,820.74	
101	0303	412	1022	Salary & Wages / Permanent Employees		7,692.88
101	0303	412	2001	Employee Benefits / FICA - Regular		476.95
101	0303	412	2002	Employee Benefits / FICA - Medicare		111.56
101	0303	412	2003	Employee Benefits / Retirement Contributions		1,462.42
101	0303	412	2006	Employee Benefits / Retiree Health Care		76.93
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )					9,820.74	9,820.74

Requesting Department Approval: Patherine Miller Title: Finance Director Date: 1-23-02

Finance Department Approval: Patherine Miller Date: 1-23-02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 1/23/02

# SANTA FE COUNTY

## RESOLUTION 2002 - 12

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### BUDGET ADJUSTMENT CONTINUATION SHEET

**BUDGETED REVENUES:** (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT	FUNCTION	SUBFUNCTION	DESCRIPTION	AMOUNT	
505	0510	390	0000	Operating Transfer In	1,340.44	
505	0520	390	0000	Operating Transfer In	1,157.87	
517	0430	390	0100	Operating Transfer In	1,787.24	
<b>TOTAL (if SUBTOTAL, check here X)</b>						

**BUDGETED EXPENDITURES:** (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT	FUNCTION	SUBFUNCTION	DESCRIPTION / SYSTEM NAME	AMOUNT	
203	1111	413	1022	Salary & Wages / Permanent Employees	2,230.00	
203	1111	413	2001	Employee Benefits / FICA - Regular	138.26	
203	1111	413	2002	Employee Benefits / FICA - Medicare	32.34	
203	1111	413	2003	Employee Benefits / Retirement Contributions	423.92	
203	1111	413	2006	Employee Benefits / Retiree Health Care	22.30	
204	0611	451	1022	Salary & Wages / Permanent Employees	1,685.88	
204	0611	451	2001	Employee Benefits / FICA - Regular	104.52	
204	0611	451	2002	Employee Benefits / FICA - Medicare	24.45	
204	0611	451	2003	Employee Benefits / Retirement Contributions	320.49	
204	0611	451	2006	Employee Benefits / Retiree Health Care	16.86	
220	0420	461	1022	Salary & Wages / Permanent Employees	420.00	
220	0420	461	2001	Employee Benefits / FICA - Regular	26.04	
220	0420	461	2002	Employee Benefits / FICA - Medicare	6.09	
220	0420	461	2003	Employee Benefits / Retirement Contributions	79.84	
220	0420	461	2006	Employee Benefits / Retiree Health Care	4.20	
505	0510	444	1021	Salary & Wages / Exempt Employees	700.00	
505	0510	444	1022	Salary & Wages / Permanent Employees	350.00	
505	0510	444	2001	Employee Benefits / FICA - Regular	65.10	
505	0510	444	2002	Employee Benefits / FICA - Medicare	15.23	
<b>TOTAL (if SUBTOTAL, check here X)</b>					16,486.26	

# SANTA FE COUNTY

## RESOLUTION 2002 - 12

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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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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
505	0510	444	2003	Employee Benefits / Retirement Contributions	199.61	
505	0510	444	2006	Employee Benefits / Retiree Health Care	10.50	
505	0520	445	1022	Salary & Wages / Permanent Employees	907.00	
505	0520	445	2001	Employee Benefits / FICA - Regular	56.23	
505	0520	445	2002	Employee Benefits / FICA - Medicare	13.15	
505	0520	445	2003	Employee Benefits / Retirement Contributions	172.42	
505	0520	445	2006	Employee Benefits / Retiree Health Care	9.07	
517	0430	471	1026	Salary & Wages / Term Employees	1,400.00	
517	0430	471	2001	Employee Benefits / FICA - Regular	86.80	
517	0430	471	2002	Employee Benefits / FICA - Medicare	20.30	
517	0430	471	2003	Employee Benefits / Retirement Contributions	266.14	
517	0430	471	2006	Employee Benefits / Retiree Health Care	14.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					19,641.48	9,820.74

2061231

# SANTA FE COUNTY

## RESOLUTION 2002 - 12

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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 is to transfer budget from the Finance / Capital Improvements cost center within the General Fund (101) to the Valuation Fund (203), Road Maintenance Fund (204), Indigent Fund (220), Water Enterprise Fund (505) and the Housing Enterprise Fund (517) to cover performance incentives for County employees.
  
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?  
These incentives were budgeted by Resolution 2001-161 on October 30, 2001 under the Finance Department for accountability purposes. Funds ~~will be~~ <sup>are being</sup> transferred to individual departments when the incentives are awarded.
  
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
Funds will be transferred to the appropriate departments when the performance incentives are awarded.
  
- 4) 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, cite statute and attach a copy.  
This is not a state special appropriation.
  
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.  
This is not a state or federal grant.

2061232

# SANTA FE COUNTY

## RESOLUTION 2002 - 12

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

**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.  
This request is not a result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other funding sources to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This request does not impact the capital purchases category.
- 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.  
This request does not have an FTE impact.

SANTA FE COUNTY

RESOLUTION 2002 - 12

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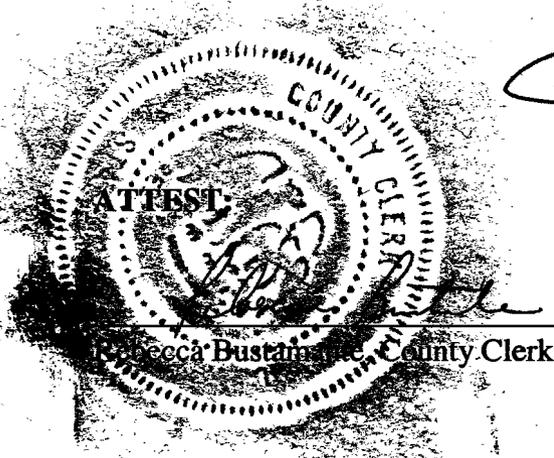
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29<sup>th</sup> Day of January, 2002.

Santa Fe Board of County Commissioners

*[Signature]*

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*  
Steven Kopelman, County Attorney



1191284  
COUNTY OF SANTA FE } ss  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 30 DAY OF Jan A.D.  
20 02 AT 1:14 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2061  
PAGE 228-233 OF THE RECORDS OF  
SANTA FE COUNTY  
WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
*[Signature]*  
DEPUTY