

SANTA FE COUNTY
RESOLUTION 2002 - 27

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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 February 26, 2002, did request the following budget adjustment:

Department / Division: All Departments Fund Name: General, Valuation, Road Maintenance, Indigent, EMS Healthcare, Wildlife/Mtns/Trails, GOB Series 2001, Facility Bond '97 Proceeds, and GOB Series - Open Space

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 XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
203	0000	390	0000	Operating Transfer In / County Assessor	6,182	
204	0611	390	0000	Operating Transfer In / Road Maintenance	11,409	
220	0000	390	0000	Operating Transfer In / Indigent	2,566	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					20,157	

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
General Fund / Capital Improvements						
101	0303	412	8001	Capital Purchases / Buildings & Structures		218,252
101	0000	490	0100	Operating Transfers Out	22,527	
County Manager Department						
101	0101	412	1021	Salaries & Wages / Exempt Employees	3,773	
101	0101	412	1022	Salaries & Wages / Permanent Employees	1,251	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					27,551	

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: [Signature] Date: 2/26/02 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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	0108	390	0000	Operating Transfer In / County Manager	179	
232	0421	390	0000	Operating Transfer In / Comm. & Health Develop.	1,494	
233	0513	390	0000	Operating Transfer In / Project & Facilities Mgmt	149	
353	0608	390	0000	Operating Transfer In / Project & Facilities Mgmt	133	
353	0850	390	0000	Operating Transfer In / Project & Facilities Mgmt	133	
370	0150	390	0000	Operating Transfer In / Project & Facilities Mgmt	133	
385	0304	390	0000	Operating Transfer In / Project & Facilities Mgmt	149	
TOTAL (if SUBTOTAL, check here)					22,527	

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
101	0101	412	2001	Employee Benefits / FICA - Regular	312	
101	0101	412	2002	Employee Benefits / FICA - Medicare	73	
101	0101	412	2003	Employee Benefits / Retirement Contributions	955	
101	0101	412	2006	Employee Benefits / Retiree Health Care	50	
232	0108	461	1021	Salary & Wages / Exempt Employees	140	
232	0108	461	2001	Employee Benefits / FICA - Regular	9	
232	0108	461	2002	Employee Benefits / FICA - Medicare	2	
232	0108	461	2003	Employee Benefits / Retirement Contributions	27	
232	0108	461	2006	Employee Benefits / Retiree Health Care	1	
Legal Department						
101	0201	412	1021	Salary & Wages / Exempt Employees	3,508	
101	0201	412	1022	Salary & Wages / Permanent Employees	1,208	
101	0201	412	2001	Employee Benefits / FICA - Regular	292	
101	0201	412	2002	Employee Benefits / FICA - Medicare	68	
101	0201	412	2003	Employee Benefits / Retirement Contributions	897	
101	0201	412	2006	Employee Benefits / Retiree Health Care	47	
101	0202	412	1022	Salary & Wages / Permanent Employees	578	
TOTAL (if SUBTOTAL, check here X)					8,167	

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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
101	0202	412	2001	Employee Benefits / FICA - Regular	36	
101	0202	412	2002	Employee Benefits / FICA - Medicare	8	
101	0202	412	2003	Employee Benefits / Retirement Contributions	110	
101	0202	412	2006	Employee Benefits / Retiree Health Care	6	
<i>Finance Department</i>						
101	0301	412	1021	Salary & Wages / Exempt Employees	1,004	
101	0301	412	1022	Salary & Wages / Permanent Employees	9,570	
101	0301	412	2001	Employee Benefits / FICA - Regular	656	
101	0301	412	2002	Employee Benefits / FICA - Medicare	153	
101	0301	412	2003	Employee Benefits / Retirement Contributions	2,010	
101	0301	412	2006	Employee Benefits / Retiree Health Care	106	
<i>Community & Health Development Department</i>						
101	0402	412	1021	Salary & Wages / Exempt Employees	690	
101	0402	412	1022	Salary & Wages / Permanent Employees	476	
101	0402	412	2001	Employee Benefits / FICA - Regular	72	
101	0402	412	2002	Employee Benefits / FICA - Medicare	17	
101	0402	412	2003	Employee Benefits / Retirement Contributions	222	
101	0402	412	2006	Employee Benefits / Retiree Health Care	12	
220	0420	461	1022	Salary & Wages / Permanent Employees	2,010	
220	0420	461	2001	Employee Benefits / FICA - Regular	125	
220	0420	461	2002	Employee Benefits / FICA - Medicare	29	
220	0420	461	2003	Employee Benefits / Retirement Contributions	382	
220	0420	461	2006	Employee Benefits / Retiree Health Care	20	
TOTAL (if SUBTOTAL, check here <u>X</u>)					17,714	

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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
232	0421	461	1022	Salary & Wages / Permanent Employees	1,170	
232	0421	461	2001	Employee Benefits / FICA - Regular	73	
232	0421	461	2002	Employee Benefits / FICA - Medicare	17	
232	0421	461	2003	Employee Benefits / Retirement Contributions	222	
232	0421	461	2006	Employee Benefits / Retiree Health Care	12	
<i>Land Use Department</i>						
101	0501	412	1021	Salary & Wages / Exempt Employees	1,465	
101	0501	412	1022	Salary & Wages / Permanent Employees	514	
101	0501	412	2001	Employee Benefits / FICA - Regular	123	
101	0501	412	2002	Employee Benefits / FICA - Medicare	29	
101	0501	412	2003	Employee Benefits / Retirement Contributions	376	
101	0501	412	2006	Employee Benefits / Retiree Health Care	20	
101	0502	414	1022	Salary & Wages / Permanent Employees	3,040	
101	0502	414	2001	Employee Benefits / FICA - Regular	189	
101	0502	414	2002	Employee Benefits / FICA - Medicare	44	
101	0502	414	2003	Employee Benefits / Retirement Contributions	578	
101	0502	414	2006	Employee Benefits / Retiree Health Care	30	
101	0505	414	1022	Salary & Wages / Permanent Employees	5,578	
101	0505	414	2001	Employee Benefits / FICA - Regular	346	
101	0505	414	2002	Employee Benefits / FICA - Medicare	81	
101	0505	414	2003	Employee Benefits / Retirement Contributions	1,061	
101	0505	414	2006	Employee Benefits / Retiree Health Care	56	
101	0506	414	1022	Salary & Wages / Permanent Employees	3,675	
TOTAL (if SUBTOTAL, check here X)					18,699	

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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
101	0506	414	2001	Employee Benefits / FICA - Regular	228	
101	0506	414	2002	Employee Benefits / FICA - Medicare	53	
101	0506	414	2003	Employee Benefits / Retirement Contributions	699	
101	0506	414	2006	Employee Benefits / Retiree Health Care	37	
Public Works Department						
101	0601	441	1021	Salary & Wages / Exempt Employees	1,104	
101	0601	441	1022	Salary & Wages / Permanent Employees	2,557	
101	0601	441	2001	Employee Benefits / FICA - Regular	227	
101	0601	441	2002	Employee Benefits / FICA - Medicare	53	
101	0601	441	2003	Employee Benefits / Retirement Contributions	696	
101	0601	441	2006	Employee Benefits / Retiree Health Care	37	
101	0602	441	1022	Salary & Wages / Permanent Employees	4,124	
101	0602	441	2001	Employee Benefits / FICA - Regular	256	
101	0602	441	2002	Employee Benefits / FICA - Medicare	60	
101	0602	441	2003	Employee Benefits / Retirement Contributions	784	
101	0602	441	2006	Employee Benefits / Retiree Health Care	41	
101	0603	442	1022	Salary & Wages / Permanent Employees	4,073	
101	0603	442	2001	Employee Benefits / FICA - Regular	253	
101	0603	442	2002	Employee Benefits / FICA - Medicare	59	
101	0603	442	2003	Employee Benefits / Retirement Contributions	774	
101	0603	442	2006	Employee Benefits / Retiree Health Care	41	
101	0604	452	1022	Salary & Wages / Permanent Employees	5,705	
101	0604	452	2001	Employee Benefits / FICA - Regular	354	
TOTAL (if SUBTOTAL, check here X)					22,215	

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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
101	0604	452	2002	Employee Benefits / FICA - Medicare	83	
101	0604	452	2003	Employee Benefits / Retirement Contributions	1,084	
101	0604	452	2006	Employee Benefits / Retiree Health Care	57	
101	0605	443	1022	Salary & Wages / Permanent Employees	6,959	
101	0605	443	2001	Employee Benefits / FICA - Regular	431	
101	0605	443	2002	Employee Benefits / FICA - Medicare	101	
101	0605	443	2003	Employee Benefits / Retirement Contributions	1323	
101	0605	443	2006	Employee Benefits / Retiree Health Care	70	
204	0611	451	1022	Salary & Wages / Permanent Employees	8,937	
204	0611	451	2001	Employee Benefits / FICA - Regular	554	
204	0611	451	2002	Employee Benefits / FICA - Medicare	130	
204	0611	451	2003	Employee Benefits / Retirement Contributions	1,699	
204	0611	451	2006	Employee Benefits / Retiree Health Care	89	
Project & Facilities Management Department						
101	0701	412	1021	Salary & Wages / Exempt Employees	1,090	
101	0701	412	1022	Salary & Wages / Permanent Employees	1,146	
101	0701	412	2001	Employee Benefits / FICA - Regular	139	
101	0701	412	2002	Employee Benefits / FICA - Medicare	32	
101	0701	412	2003	Employee Benefits / Retirement Contributions	425	
101	0701	412	2006	Employee Benefits / Retiree Health Care	22	
101	0713	432	1022	Salary & Wages / Permanent Employees	788	
101	0713	432	2001	Employee Benefits / FICA - Regular	49	
101	0713	432	2002	Employee Benefits / FICA - Medicare	11	
TOTAL (if SUBTOTAL, check here <u>X</u>)					25,219	2077834

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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
101	0713	432	2003	Employee Benefits / Retirement Contributions	150	
101	0713	432	2006	Employee Benefits / Retiree Health Care	8	
233	0513	434	1022	Salary & Wages / Permanent Employees	117	
233	0513	434	2001	Employee Benefits / FICA - Regular	7	
233	0513	434	2002	Employee Benefits / FICA - Medicare	2	
233	0513	434	2003	Employee Benefits / Retirement Contributions	22	
233	0513	434	2006	Employee Benefits / Retiree Health Care	1	
385	0304	481	1022	Salary & Wages / Permanent Employees	117	
385	0304	481	2001	Employee Benefits / FICA - Regular	7	
385	0304	481	2002	Employee Benefits / FICA - Medicare	2	
385	0304	481	2003	Employee Benefits / Retirement Contributions	22	
385	0304	481	2006	Employee Benefits / Retiree Health Care	1	
101	0702	415	1022	Salary & Wages / Permanent Employees	5,664	
101	0702	415	2001	Employee Benefits / FICA - Regular	351	
101	0702	415	2002	Employee Benefits / FICA - Medicare	82	
101	0702	415	2003	Employee Benefits / Retirement Contributions	1,077	
101	0702	415	2006	Employee Benefits / Retiree Health Care	57	
101	0703	415	1022	Salary & Wages / Permanent Employees	3,669	
101	0703	415	2001	Employee Benefits / FICA - Regular	227	
101	0703	415	2002	Employee Benefits / FICA - Medicare	53	
101	0703	415	2003	Employee Benefits / Retirement Contributions	698	
101	0703	415	2006	Employee Benefits / Retiree Health Care	37	
101	0715	412	1022	Salary & Wages / Permanent Employees	8,964	
TOTAL (if SUBTOTAL, check here <u>X</u>)					21,335	

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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
101	0715	412	1026	Salary & Wages / Term Employees	1,122	
101	0715	412	2001	Employee Benefits / FICA - Regular	625	
101	0715	412	2002	Employee Benefits / FICA - Medicare	146	
101	0715	412	2003	Employee Benefits / Retirement Contributions	1,917	
101	0715	412	2006	Employee Benefits / Retiree Health Care	101	
101	0718	412	1022	Salary & Wages / Permanent Employees	1,378	
101	0718	412	1026	Salary & Wages / Term Employees	312	
101	0718	412	2001	Employee Benefits / FICA - Regular	105	
101	0718	412	2002	Employee Benefits / FICA - Medicare	24	
101	0718	412	2003	Employee Benefits / Retirement Contributions	321	
101	0718	412	2006	Employee Benefits / Retiree Health Care	17	
353	0608	481	1026	Salary & Wages / Term Employees	104	
353	0608	481	2001	Employee Benefits / FICA - Regular	6	
353	0608	481	2002	Employee Benefits / FICA - Medicare	2	
353	0608	481	2003	Employee Benefits / Retirement Contributions	20	
353	0608	481	2006	Employee Benefits / Retiree Health Care	1	
353	0850	481	1026	Salary & Wages / Term Employees	104	
353	0850	481	2001	Employee Benefits / FICA - Regular	6	
353	0850	481	2002	Employee Benefits / FICA - Medicare	2	
353	0850	481	2003	Employee Benefits / Retirement Contributions	20	
353	0850	481	2006	Employee Benefits / Retiree Health Care	1	
370	0150	481	1026	Salary & Wages / Term Employees	104	
370	0150	481	2001	Employee Benefits / FICA - Regular	6	
370	0150	481	2002	Employee Benefits / FICA - Medicare	2	
TOTAL (if SUBTOTAL, check here <u>X</u>)					6,446	2077836

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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
370	0150	481	2003	Employee Benefits / Retirement Contributions	20	
370	0150	481	2006	Employee Benefits / Retiree Health Care	1	
<i>Administrative Services Department</i>						
101	0714	412	1021	Salary & Wages / Exempt Employees	902	
101	0714	412	1022	Salary & Wages / Permanent Employees	2,871	
101	0714	412	2001	Employee Benefits / FICA - Regular	234	
101	0714	412	2002	Employee Benefits / FICA - Medicare	55	
101	0714	412	2003	Employee Benefits / Retirement Contributions	717	
101	0714	412	2006	Employee Benefits / Retiree Health Care	38	
<i>Fire Department</i>						
101	0801	421	1021	Salary & Wages / Exempt Employees	1,082	
101	0801	421	1022	Salary & Wages / Permanent Employees	8,858	
101	0801	421	2001	Employee Benefits / FICA - Regular	616	
101	0801	421	2002	Employee Benefits / FICA - Medicare	144	
101	0801	421	2003	Employee Benefits / Retirement Contributions	1,890	
101	0801	421	2006	Employee Benefits / Retiree Health Care	99	
101	0802	422	1022	Salary & Wages / Permanent Employees	3,580	
101	0802	422	2001	Employee Benefits / FICA - Regular	222	
101	0802	422	2002	Employee Benefits / FICA - Medicare	52	
101	0802	422	2003	Employee Benefits / Retirement Contributions	680	
101	0802	422	2006	Employee Benefits / Retiree Health Care	36	
101	0803	422	1022	Salary & Wages / Permanent Employees	3,374	
101	0803	422	2001	Employee Benefits / FICA - Regular	209	
101	0803	422	2002	Employee Benefits / FICA - Medicare	49	
TOTAL (if SUBTOTAL, check here <u>X</u>)					25,729	

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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
101	0803	422	2003	Employee Benefits / Retirement Contributions	641	
101	0803	422	2006	Employee Benefits / Retiree Health Care	34	
101	0804	422	1022	Salary & Wages / Permanent Employees	3,440	
101	0804	422	2001	Employee Benefits / FICA - Regular	213	
101	0804	422	2002	Employee Benefits / FICA - Medicare	50	
101	0804	422	2003	Employee Benefits / Retirement Contributions	654	
101	0804	422	2006	Employee Benefits / Retiree Health Care	34	
101	0805	422	1022	Salary & Wages / Permanent Employees	3,441	
101	0805	422	2001	Employee Benefits / FICA - Regular	213	
101	0805	422	2002	Employee Benefits / FICA - Medicare	50	
101	0805	422	2003	Employee Benefits / Retirement Contributions	654	
101	0805	422	2006	Employee Benefits / Retiree Health Care	34	
<i>County Clerk's Office</i>						
101	0901	416	1021	Salary & Wages / Exempt Employees	573	
101	0901	416	1022	Salary & Wages / Permanent Employees	4,578	
101	0901	416	1026	Salary & Wages / Term Employees	343	
101	0901	416	2001	Employee Benefits / FICA - Regular	341	
101	0901	416	2002	Employee Benefits / FICA - Medicare	80	
101	0901	416	2003	Employee Benefits / Retirement Contributions	1,045	
101	0901	416	2006	Employee Benefits / Retiree Health Care	55	
101	0902	417	1021	Salary & Wages / Exempt Employees	611	
101	0902	417	1022	Salary & Wages / Permanent Employees	2,543	
101	0902	417	2001	Employee Benefits / FICA - Regular	196	
TOTAL (if SUBTOTAL, check here X)					19,823	

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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
101	0902	417	2002	Employee Benefits / FICA - Medicare	46	
101	0902	417	2003	Employee Benefits / Retirement Contributions	600	
101	0902	417	2006	Employee Benefits / Retiree Health Care	32	
<i>County Treasurer's Office</i>						
101	1001	416	1021	Salary & Wages / Exempt Employees	751	
101	1001	416	1022	Salary & Wages / Permanent Employees	3,054	
101	1001	416	2001	Employee Benefits / FICA - Regular	236	
101	1001	416	2002	Employee Benefits / FICA - Medicare	55	
101	1001	416	2003	Employee Benefits / Retirement Contributions	723	
101	1001	416	2006	Employee Benefits / Retiree Health Care	38	
<i>County Assessor's Office</i>						
101	1101	413	1021	Salary & Wages / Exempt Employees	773	
101	1101	413	1022	Salary & Wages / Permanent Employees	9,064	
101	1101	413	2001	Employee Benefits / FICA - Regular	610	
101	1101	413	2002	Employee Benefits / FICA - Medicare	143	
101	1101	413	2003	Employee Benefits / Retirement Contributions	1,870	
101	1101	413	2006	Employee Benefits / Retiree Health Care	98	
203	1111	413	1022	Salary & Wages / Permanent Employees	4,843	
203	1111	413	2001	Employee Benefits / FICA - Regular	300	
203	1111	413	2002	Employee Benefits / FICA - Medicare	70	
203	1111	413	2003	Employee Benefits / Retirement Contributions	921	
203	1111	413	2006	Employee Benefits / Retiree Health Care	48	
TOTAL (if SUBTOTAL, check here <u>X</u>)					24,275	

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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
County Sheriff's Office						
101	1201	424	1021	Salary & Wages / Exempt Employees	513	
101	1201	424	1022	Salary & Wages / Permanent Employees	13,650	
101	1201	424	2001	Employee Benefits / FICA - Regular	878	
101	1201	424	2002	Employee Benefits / FICA - Medicare	205	
101	1201	424	2003	Employee Benefits / Retirement Contributions	2,693	
101	1201	424	2006	Employee Benefits / Retiree Health Care	142	
Legal Department						
101	0201	412	1021	Salary & Wages / Exempt Employees	1,200	
101	0201	412	2001	Employee Benefits / FICA - Regular	228	
101	0201	412	2002	Employee Benefits / FICA - Medicare	74	
101	0201	412	2003	Employee Benefits / Retirement Contributions	17	
101	0201	412	2006	Employee Benefits / Retiree Health Care	12	
Finance Department						
101	0301	412	1021	Salary & Wages / Exempt Employees	3,129	
101	0301	412	2001	Employee Benefits / FICA - Regular	595	
101	0301	412	2002	Employee Benefits / FICA - Medicare	194	
101	0301	412	2003	Employee Benefits / Retirement Contributions	45	
101	0301	412	2006	Employee Benefits / Retiree Health Care	31	
TOTAL (if SUBTOTAL, check here)					\$240,779	\$218,252
NET INCREASE TO EXPENDITURES (\$240,779 Increase Less \$218,252 Decrease)					\$22,527	

2077840

SANTA FE COUNTY
RESOLUTION 2002 - 27

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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 transfers funds from the General Fund / Capital Improvements budget to various department budgets for the personnel salaries and benefits expenditure of the January 1, 2002 implementation of the 3% salary COLA increase for Santa Fe County employees (excluding CWA union employees and elected officials). These increases were previously not included in the department level budgets.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
The 3% increase was included in the FY 2002 Operating Budget.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is anticipated to be non-recurring for Fiscal Year 2002. Any future compensation packages will be budgeted through the operating budget process. It is anticipated that the increase in the salary base will be covered by recurring revenues or by General Fund transfers in the following funds which have payroll: General Fund, Valuation Fund, Road Maintenance Fund, Indigent Fund, EMS Healthcare Fund, Wildlife/Mountains/Trails Fund, GOB Series 2001 Fund, Facility Bond '97 Proceeds Fund, GOB Series - Open Space Fund, Water Enterprise Fund, and Housing Enterprise Fund.

- 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:
This request transfers General Fund revenues to various department level budgets, including some inter-fund transfers as described above.
 - a) If this is a state special appropriation, cite statute and attach a copy.
This request is not a state special appropriation.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This request does not include state or federal grants.

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SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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 a result of the compensation package approved at the December 28, 1999 Commission meeting which approved 3% salary increases for three years beginning January 1, 2000 thru December 31, 2002.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources for 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 decreases the capital purchases category within the General Fund / Capital Improvements cost center.
- 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 increase or decrease the number of FTEs for any County department. However, hourly salaries are being increased which causes an increase in the salary base. This will have a recurring impact on future operating budgets.

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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 February, 2002.

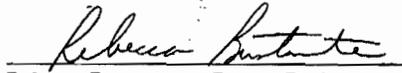
Santa Fe Board of County Commissioners



Paul Duran, Chairperson



ATTEST:



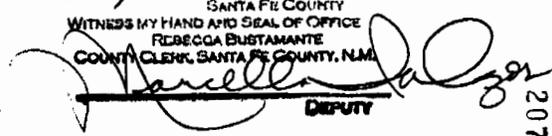
Rebecca Bustamante, County Clerk

Approved As To Form.



By Steven Kopelman, County Attorney

1194.940
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 21 DAY OF Feb - D.
20 02 AT 3:50 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2077
PAGE 219-218 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK SANTA FE COUNTY, N.M.

DEPUTY

SFC CLERK RECORDING 07/21/2004

2077843