

RESOLUTION 2005 - 10

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 25, 2005, did request the following budget adjustment:

Department / Division: County Manager/HHS Department

Fund Name: Healthcare Assistance\EMS: Other Healthcare

Budget Adjustment Type: Budget Increase

Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	0421	341	95-00	Charges for Services/Other Charges for Services	10,000	
TOTAL (if SUBTOTAL, check here)					10,000	

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	0421	461	50-03		10,000	
TOTAL (if SUBTOTAL, check here)					10,000	

Requesting Department Approval: Stephen Shepherd

Stephen Shepherd

Title: Department Director

Date: 12/08/04

Finance Department Approval: [Signature]

[Signature] Date: 1/18/05

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: HHS Department/Administration

Phone #: 992-9840

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 budgets funding that replaces \$ 10,000 within the 232 "EMS: Other Healthcare" Fund used for a contractor (contract employee), who has subsequently become a 1.0 FTE exempt position who works for the Health & Human Services Department and the County Manager. The exempt position is titled a "Community, Health, & Legislative Liaison.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

This position was not conceived of until after the fiscal year began.

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

This budget increase and the resulting expenditures is non-recurring.

- 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 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 grant does not include state funding

SFC CLERK RECORDED 01/26/2005
SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen Shepherd

Dept/Div: HHS Department/Administration

Phone #: 992-9840

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 action 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 funds available 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 has no FTE impact.

SFC CLERK RECORDED 01/26/2005

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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 25th Day of January 2005.

Santa Fe Board of County Commissioners

Michael Anaya, Chairperson



ATTEST:

Valerie Espinoza 1/25/05
Valerie Espinoza, County Clerk

Approved As To Form.

By Stephen Ross, County Attorney



ICOUNT OF SANTA FE STATE OF NEW MEXICO
BOC RESOLUTION PAGE 4
I hereby certify that this instrument is full and complete and was duly recorded as last mentioned in the Records of Santa Fe County, New Mexico.
Witness my hand and seal of office this 26th day of January, A.D. 2005.
Valerie Espinoza
County Clerk, Santa Fe, NM