

RESOLUTION 2005 - 2

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 11, 2005, did request the following budget adjustment:

Department / Division: Fire / Fire Administration Fund Name: EMS Health Care (232)

Budget Adjustment Type: Increase Salary and Benefit Budget 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	0801	380	10-21	Intergovernmental Joint Power Agreement	10,700	
TOTAL (if SUBTOTAL, check here _____)					10,700	

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	0801	421	10-21	Exempt Employees	8,362	
232	0801	421	20-01	FICA Regular	518	
232	0801	421	20-02	FICA Medicare	121	
232	0801	421	20-03	Retirement Contributions	1,590	
232	0801	421	20-06	Retiree Healthcare	109	
TOTAL (if SUBTOTAL, check here _____)					10,700	

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Department Date: 12/28/04

Finance Department Approval: *Juan J. Juarez* Date: 1-4-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Administration Phone No.: 992-3082

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.**
Requesting an increase to the EMS Health Care Fund/Fire Administration Salary and Benefits utilizing an increase in revenue from the JPA with Town of Edgewood to cover salary increase for Martin Vigil.
- 2) **Why was this request not included in the Fiscal Year 2005 Operating Budget?**
During the preparation of the FY 05 Operating Budget Process, this information was unknown.
- 3) **Is the transfer recurring or non-recurring and what are the future funding impacts of this request?**
This transfer is non-recurring. The EMS Health Care Fund, if any, will cover future funding impacts.
- 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 request is not a state or federal grant.
 - c) **If this request is a result of Commission action, please cite and attach a copy of supporting documentation.**
This request is not the result of Commission action.
 - d) **Please identify other funding sources that can be used to match this request.**
All funding sources have been identified.
- 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.

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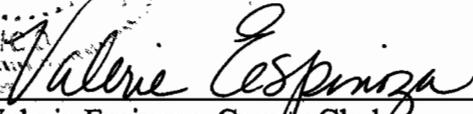
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 11th Day of January, 2005.

Santa Fe Board of County Commissioners


Paul Campos, Chairperson



ATTEST:

Valerie Espinoza, County Clerk

Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 3
I Heresly Certify That This Instrument Was Filed for
Record On The 12TH Day Of January, A.D. 2005 at 17 54
And Was Duly Recorded as Instrument # **1362891**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

