

SANTA FE COUNTY

Page 1 of 5RESOLUTION 2010 - 140

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

Whereas, the Board of County Commissioners meeting in regular session on August 31, 2010, did request the following budget adjustment:

Department / Division: Corrections and Utilities Fund Name: Corrections Operations Fund (247) and Water Enterprise Fund (505)Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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
505	1410	390	0247	Operating Transfer In	59,595	
TOTAL (if SUBTOTAL, check here)					59,595	

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
247	1801	426	1022	Salary & Wages / Permanent Employees		42,848
247	1801	426	2001	Employee Benefits / FICA - Regular		2,657
247	1801	426	2002	Employee Benefits / FICA - Medicare		621
247	1801	426	2003	Employee Benefits / Retirement Contributions		8,145
TOTAL (if SUBTOTAL, check here <u>X</u>)						54,271

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: Juan Martinez Date: 8/16/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2010 - 140

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
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
247	1801	426	2005	Employee Benefits / Healthcare		4,610
247	1801	426	2006	Employee Benefits / Retiree Healthcare		714
101	1512	412	1022	Salary & Wages / Permanent Employees	42,848	
101	1512	412	2001	Employee Benefits / FICA – Regular	2,657	
101	1512	412	2002	Employee Benefits / FICA – Medicare	621	
101	1512	412	2003	Employee Benefits / Retirement Contributions	8,145	
101	1512	412	2005	Employee Benefits / Healthcare	4,610	
101	1512	412	2006	Employee Benefits / Retiree Healthcare	714	
247	0000	490	0505	Operating Transfer Out		59,595
TOTAL (if SUBTOTAL, check here)					59,595	119,190

SANTA FE COUNTY
RESOLUTION 2010 - 140

Page 3 of 5**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DEPARTMENT CONTACT: **Name:** Teresa Martinez **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 budget for an Administrative Assistant position from the Corrections Department / Administration Division to the Public Works Department / Utilities Division.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense X or for NON-RECURRING (one-time only) expense _____

SANTA FE COUNTY
RESOLUTION 2010 - 140

Page 4 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez **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.):

- 3) 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, YES _____ NO X
If YES, cite statute and attach a copy.

 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

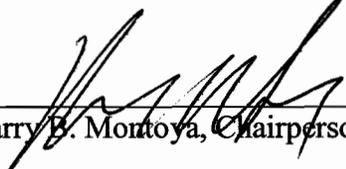
 - d) Please identify other funding sources used to match this request.
There are no other funding sources to match this request.

SANTA FE COUNTY
RESOLUTION 2010 - 140

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 31st Day of August, 2010.

Santa Fe Board of County Commissioners



Harry B. Montoya, Chairperson

ATTEST:



Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of September, 2010 at 11:29:10 AM
And Was Duly Recorded as Instrument # 1609616
Of The Records Of Santa Fe County
Deputy  Witness by Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

BCC RESOLUTIONS
PAGES: 5