

# SANTA FE COUNTY

## RESOLUTION 2010 - 26

**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 23, 2010, did request the following budget adjustment:

Department / Division: Corrections and ASD / Purchasing Fund Name: General Fund (101) and Corrections Operations Fund (247)

Budget Adjustment Type: Budget Decrease Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
247	1860	390	0101	Operating Transfer In		29,752
<b>TOTAL (if SUBTOTAL, check here )</b>						29,752

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	1860	426	1022	Salary & Wages / Permanent Employees		19,170
247	1860	426	2001	Employee Benefits / FICA - Regular		1,189
247	1860	426	2002	Employee Benefits / FICA - Medicare		278
247	1860	426	2003	Employee Benefits / Retirement Contributions		3,644
<b>TOTAL (if SUBTOTAL, check here X )</b>						24,281

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: [Signature] Date: 2/10/10

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 3/10/10

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

# SANTA FE COUNTY

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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
247	1860	426	2005	Employee Benefits / Healthcare		5,222
247	1860	426	2006	Employee Benefits / Retiree Healthcare		249
101	1512	412	1022	Salary & Wages / Permanent Employees	19,170	
101	1512	412	2001	Employee Benefits / FICA - Regular	1,189	
101	1512	412	2002	Employee Benefits / FICA - Medicare	278	
101	1512	412	2003	Employee Benefits / Retirement Contributions	3,644	
101	1512	412	2005	Employee Benefits / Healthcare	5,222	
101	1512	412	2006	Employee Benefits / Retiree Healthcare	249	
101	0000	490	0247	Operating Transfer Out		29,752
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>29,752</b>	<b>59,504</b>

**SANTA FE COUNTY**  
**RESOLUTION 2010 - 26**

**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 Accounting Technician position from the Corrections Department / Adult Facility to the Administrative Services Department / Purchasing Division resulting in a decrease in the operating transfer from the General Fund (101) to the Corrections Operations Fund (247) since this position will now be funded by the General Fund.

**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 \_\_\_\_\_

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**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.**

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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 23rd Day of February, 2010.

Santa Fe Board of County Commissioners

*[Signature]*  
Harry B. Montoya, Chairperson

ATTEST:

*[Signature]*  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 5  
I Hereby Certify That This Instrument Was Filed for  
Record On The 3RD Day Of March, 2010 at 09:38:22 AM  
and Was Duly Recorded as Instrument # 1592277  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy *[Signature]* County Clerk, Santa Fe, NM