

SANTA FE COUNTY

RESOLUTION 2000 - 15

1740698

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 29, 2000, did request the following budget adjustment:

Department / Division: Finance and Health, Community & Economic Development Fund Name: General Fund

Budget Adjustment Type: Budget Transfer Between Departments Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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 <input type="checkbox"/>)						

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	0301	412	1022	Salary & Wages / Permanent Employees	7,040	
101	0301	412	2001	Employee Benefits / FICA - Regular	437	
101	0301	412	2002	Employee Benefits / FICA - Medicare	103	
101	0301	412	2003	Employee Benefits / Retirement Contributions	1,339	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					8,919	

Requesting Department Approval: *Katherine Miller* Title: Finance Director Date: 1/31/00

Finance Department Approval: *Katherine Miller* Date: 1/31/00 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 2-29-00

[Signature] 02/09/00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1740699

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	0301	412	2006	Employee Benefits / Retiree Health Care	71	
101	1501	412	1022	Salary & Wages / Permanent Employees		7,040
101	1501	412	2001	Employee Benefits / FICA - Regular		437
101	1501	412	2002	Employee Benefits / FICA - Medicare		103
101	1501	412	2003	Employee Benefits / Retirement Contributions		1,339
101	1501	412	2006	Employee Benefits / Retiree Health Care		71
TOTAL (if SUBTOTAL, check here _____)					8,990	8,990

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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 is to transfer salary savings from the Health, Community & Economic Development Department to the Finance Department to cover part of the salaries & wages and employee benefits for an Administrative Assistant. Request is to cover the period of 1/30/00 to 6/30/00.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
When the FY 2000 Operating Budget was prepared, salary and benefits for an Administrative Assistant were included in the Health & Human Services Department. Both Health & Human Services and the Finance Department were utilizing this Administrative Assistant. However, due to a reorganization, this position will no longer be shared between both departments.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring for FY 2000.
- 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 is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

1740700

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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 not the result of Commission action.

 - d) Please identify other funding sources that can be used to match this request. Salary savings from within the Finance Department will be used to cover part of the salary and benefits for an Administrative Assistant position.

- 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. There is no change in the number of FTE positions. A vacant Accounts Receivable Supervisor position in the Finance Department will be reclassified into an Administrative Assistant position.

1740701

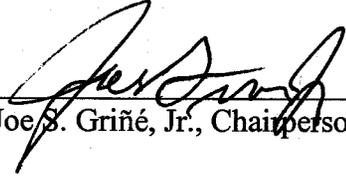
SANTA FE COUNTY
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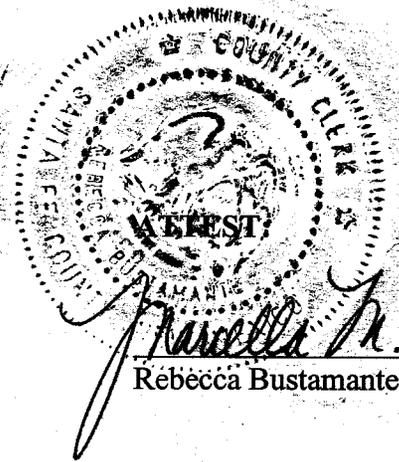
1740702

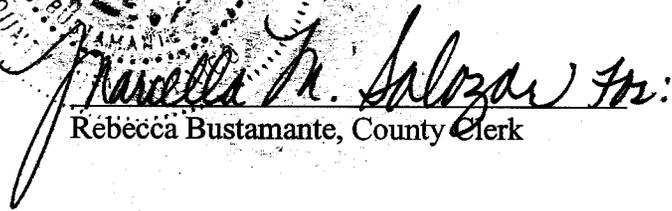
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29th Day of February, 2000.

Santa Fe Board of County Commissioners


Joe S. Griñe, Jr., Chairperson


REBECCA BUSTAMANTE
COUNTY CLERK
SANTA FE COUNTY, NEW MEXICO


Rebecca Bustamante, County Clerk

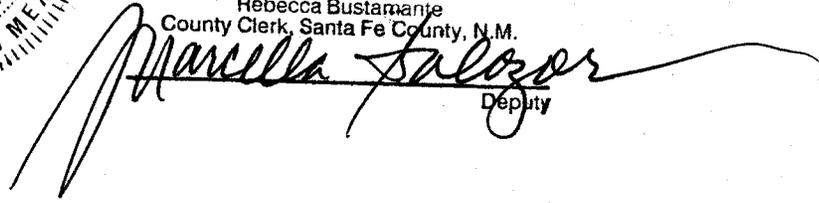
Approved As To Form.

By 
Denice Brown, County Attorney



1107859
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) SS
I hereby certify that this instrument was filed
for record on the 1 day of Mar, A.D.
20 00, at 8:39 o'clock a.m.
and was duly recorded in book 1740
page 698-702 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy