

SANTA FE COUNTY

RESOLUTION 2000 - 22

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:

1740728

Department / Division: Resource Development / E-911 Grant Program Fund Name: General Fund

Budget Adjustment Type: Budget Transfers 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	1502	412	1026	Salary & Wages / Term Employees	21,600	
101	1502	412	1022	Salary & Wages / Permanent Employees	5,600	
101	1502	412	2001	Employee Benefits / FICA - Regular	1,686	
101	1502	412	2002	Employee Benefits / FICA - Medicare	395	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					29,281	

Requesting Department Approval: [Signature] Title: RDD Date: 2/23/2000

Finance Department Approval: [Signature] Date: 2-23-00 Entered by: _____ Date: _____

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

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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
TOTAL (if SUBTOTAL, check here _____)						

1740729

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	1502	412	2003	Employee Benefits / Retirement Contributions	5,171	
101	1502	412	2006	Employee Benefits / Retiree Health Care	272	
101	1502	412	2005	Employee Benefits / Health Care	1,276	
101	0502	414	7041	Other Operating Costs / Reporting & Recording		1,500
101	0505	414	7041	Other Operating Costs / Reporting & Recording		2,500
101	1101	413	7033	Other Operating Costs / Seminars & Workshops		4,000
101	0401	412	2009	Employee Benefits / Tuition Reimbursements		2,000
101	0401	412	7041	Other Operating Costs / Reporting & Recording		1,500
101	1201	424	8009	Capital Purchases / Vehicles		15,000
101	0601	441	1022	Salary & Wages / Permanent Employees		7,400
101	0601	441	2001	Employee Benefits / FICA - Regular		1,500
101	0601	441	2002	Employee Benefits / FICA - Medicare		400
101	0601	441	2003	Employee Benefits / Retirement Contributions		100
101	0601	441	2006	Employee Benefits / Retiree Health Care		100
TOTAL (if SUBTOTAL, check here _____)					36,000	36,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

1740730

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.
To facilitate the need to meet E-911 Grant requirements to have addresses on all occupied structures by June 30, 2001.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
Upon re-evaluations and needs assessment, we have determined that we will not be able to meet our goal with current staffing and resources available.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
We are proposing reclassification of two currently budgeted positions, a GIS Technician and a GPS Field Technician. This will impact the budget by a \$7.00/hr or .27 FTE increase and will be a recurring cost.

The GPS Field Tech Apprentice positions (3 Term positions) will be temporary through June 30, 2001 and non-recurring thereafter.

- 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

1740731

- 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 a result of Commission action.

 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources 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 does impact the current FTEs approved for the department in terms of allocating more dollars to the personnel reclassification of two positions, a GIS Technician and a GPS Field Technician, equivalent to a .27 FTE increase.

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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 29th Day of February, 2000.

Santa Fe Board of County Commissioners

Joe S. Grifé, Jr.
Joe S. Grifé, Jr., Chairperson

1740732



Marcella M. Salazar
Rebecca Bustamante, County Clerk

Approved As To Form.

By *Denice Brown*
Denice Brown, County Attorney

1107.866
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 8:46 o'clock a.m.
and was duly recorded in book 1740
page 728-732 of the records of
Santa Fe County.

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

