

SANTA FE COUNTY

RESOLUTION 2000 - 29

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

Whereas, the Board of County Commissioners meeting in regular session on March 28, 2000, did request the following budget adjustment:

Department / Division: County Assessor / County Treasurer 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)						

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	1101	413	10/21	Salary & Wages/Permanent Employees		3,600
101	1101	413	20/01	Employee Benefits/FICA-Regular		223
101	1101	413	20/02	Employee Benefits/FICA-Medicare		52
101	1101	413	20/03	Employee Benefits/Retirement Contributions		684
TOTAL (if SUBTOTAL, check here <u>X</u>)						4,559

County Assessor Approval: Benito Martinez Jr. Title: Assessor Date: 3/22/00

County Treasurer Approval: Mark Rivera Title: Chief Deputy Date: 3/22/00

Finance Department Approval: Katherine Miller Date: 3-22-00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 3-27-00

1749722

SANTA FE COUNTY

RESOLUTION 2000 - 29

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

1749723

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1101	413	20/05	Employee Benefits/Health Care		156
101	1101	413	20/06	Employee Benefits/Retirement Health Care		36
101	1001	418	10/21	Salary & Wages/Permanent Employees		3,600
101	1001	418	20/01	Employee Benefits/FICA-Regular		223
101	1001	418	20/02	Employee Benefits/FICA-Medicare		52
101	1001	418	20/03	Employee Benefits/Retirement Contributions		684
101	1001	418	20/05	Employee Benefits/Health Care		156
101	1001	418	20/06	Employee Benefits/Retirement Health Care		36
101	1502	412	10/21	Salary & Wages/Permanent Employees	7,200	
101	1502	412	20/01	Employee Benefits/FICA-Regular	446	
101	1502	412	20/02	Employee Benefits/FICA-Medicare	104	
101	1502	412	20/03	Employee Benefits/Retirement Contributions	1,368	
101	1502	412	20/05	Employee Benefits/Health Care	312	
101	1502	412	20/06	Employee Benefits/Retirement Health Care	72	
TOTAL (if SUBTOTAL, check here)					9,502	9,502

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RESOLUTION 2000 - 29

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Chris Liebson Dept/Div: Assessor Phone No.: 995-2736

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.

The Assessor's and Treasurer's offices will be jointly funding a software application specialist position in the MIS Program, Information Technology Division, Resources Development Department which will be responsible for the operation and support of the application software and interactive applications used by the fore mentioned county offices.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

Has been requested in past fiscal years, but has been not been approved.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

Yes, this is a recurring transfer as both offices will fund this position for an evaluation period of six months until such time it is determined to permanently fund the position under the IT Division budget or discontinue funding after the six month evaluation period.

- 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.

No.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

No.

1749724

SANTA FE COUNTY
RESOLUTION 2000 - 29

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Chris Liebson Dept/Div: Assessor Phone No.: 995-2736

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

1749725

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

No.
 - d) Please identify other funding sources that can be used to match this request.

The Treasurer's office and the Assessor's Office are each providing fifty-percent (50%) of funding from salary & wages and employee benefits.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.

No.
- 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.

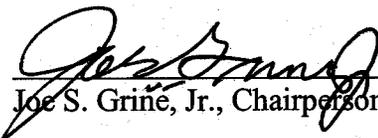
Yes, since the IT Division will increase by one additional FTE during the six month evaluation period. At that time, permanent funding will be determined and if the position is made permanent, recurring funding will be requested under the IT Division, Resources Development Department for future fiscal years.

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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 28th Day of March, 2000.

Santa Fe Board of County Commissioners


Joe S. Grine, Jr., Chairperson

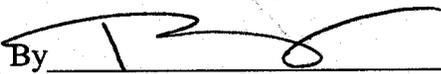
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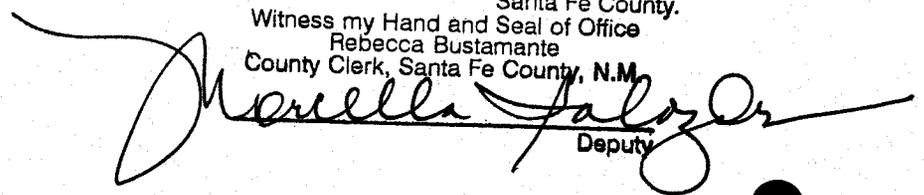

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Santa Fe County Attorney

1111. 072
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 29 day of Mar A.D.
20 00 at 9:22 o'clock a.m
and was duly recorded in book 1749
page 722-726 of the records of

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

Deputy