

SANTA FE COUNTY

RESOLUTION 2000 - 31

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: Resource Development/E-911 Grant Program

Fund Name: General Fund

Budget Adjustment Type: Budget Increase

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 |
|---|---------------------------------|------------------------------|----------------------------|--|--------------------|--------------------|
| 101 | 0000 | 371 | 1300 | State Grants / Enhanced E-9-1-1 Addressing | 8,925 | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | 8,925 | |

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 | 1510 | 423 | 1026 | Salary & Wages / Term Employees | 6,720 | |
| 101 | 1510 | 423 | 2001 | Employee Benefits / FICA - Regular | 417 | |
| 101 | 1510 | 423 | 2002 | Employee Benefits / FICA - Medicare | 19 | |
| 101 | 1510 | 423 | 2003 | Employee Benefits / Retirement Contributions | 1,277 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 8,433 | |

Requesting Department Approval: [Signature]

Title: _____

Date: 3-17-2000

Finance Department Approval: [Signature]

Date: 3-22-00

Entered by: _____

Date: _____

County Manager Approval: [Signature]

Date: 3-27-00

1749733

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1749734

| 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 | 1510 | 423 | 2005 | Employee Benefits / Retiree Health Care | 67 | |
| 101 | 1510 | 423 | 2006 | Employee Benefits / Health Care | 425 | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | 8,925 | |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Erle Wright Dept/Div: Resource Development/GIS/E-911 Addressing Phone No.: 986-6350

1749735

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, 2000.
- 2) Why was this request not included in the Fiscal Year 1999 Operating Budget?
Upon re-evaluation and needs assessment, we have determined that we will not be able to meet our goal with current staffing and resources.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This position will be term through June 30, 2001, reimbursable via the Grant 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.
Enhanced 9-1-1 Program – Addressing Grant, 98-A-1-G-70, July 1998, \$220,759.00

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DEPARTMENT CONTACT:

Name: Erle Wright Dept/Div: Resource Development/GIS/E-911 Addressing Phone No.: 986-6350

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 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 in the Resource Development Department/IT Division/GIS Section/E-911 Addressing Program by adding 1.0 term FTE to this program.

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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.

1749737

Santa Fe Board of County Commissioners



Joe S. Griñe Jr., Chairperson

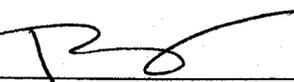




Rebecca Bustamante, County Clerk

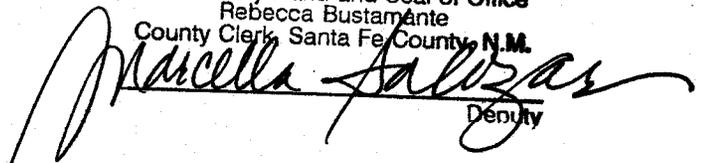


Approved As To Form.

By 

County Attorney

1111.074
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 9:24 o'clock a.m
and was duly recorded in book 1749
page 733-737 of the records of
Santa Fe County.

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


Deputy