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RESOLUTION 2001 - 142

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

 Whereas, the Board of County Commissioners meeting in regular session on Sept. 25, 2001, did request the following budget adjustment:

 Department / Division:
 Assessors

 Budget Adjustment Type:
 Budget Increase

Fiscal Year: 2002 (July 1, 2001 - June 30, 2002) Fiscal Year: _2002 (July 1, 2001 - June 30, 2002)

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
203	1111	385	0200	Cash, Budgeted State Funds	165,320.00	
TOTAL (i	f SUBTOTAL, ch	eck here)			165,320.00	

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	DECREASE			
203	1111	413	8009	Vehicles	26,895.00				
203	1111	413	1022	Permanent Employees	33,580.00				
203	1111	413	9001	Debt Service	60,000.00				
203	1111	413	1024	Temporary Positions	30,428.00				
TOTAL (i	SUBTOTAL, ch	eck here)	<u> </u>	OII'	Cont. next page				
Requesting Department Approval									
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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

0	FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
344							
198							
	TOTAL (ii	SUBTOTAL, ch	eck 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		
203	1111	413	2001	FICA/Regular	3,969.00			
203	1111	413	2002	FICA/Medicare	928.00			
203	1111	413	2003	Retirement Contributions	6,384.00			
203	1111	413	2005	Health Care	2,800.00			
203	1111	413	2006	Retiree Health Care	336.00			
TOTAL (if SUBTOTAL, check here) 165,320.00								

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

983441

Name: Denise Rivera Dept/Div: Assessor's

Phone No.: 986-6365

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 fill position of Senior Appraiser Position left vacant pursuant to agreement with Finance Dept. in order to fund Ortho Photography Project. Yearly income at \$33,580.00, \$45,656.56 w/ benefits. Position needed to fulfill Countywide Reappraisal Plan Cash balance from 1% administrative fund in FY00'-01' was not anticipated at budget time. This BAR will satisfy the requirement to service debt to the Orthophotography Project. Position need to fulfill Countywide Reappraisal Plan. 3 part-time Field Auditors, in each area to help out with reappraisal for 6 months. 24 weeks = 960 hrs. x \$10.1194= \$9,714.60 x 3 = \$29,143.80, \$\$1,373.31 w/ FICA and Medicare, plus part-time summer intern at \$1,284.50 plus FICA and Medicare. One new 4-wheel drive vehicle to take the place of one 1991 Dodge Ram that is not reliable and is a hazard if appraisers are out in the field, constant electrical problems, high mileage.
- 2) Why was this request not included in the fiscal year 2002 Operating Budget? \$59,527 of cash balance was included in the fiscal year 2002 Operating Budget. This request increases the budget to the actual cash balance available at the end of the Fiscal Year 2001.

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

- 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:
- budgeting cash balance for valuation fund.
 - a) If this is a state special appropriation, cite statute and attach a copy. Budget cash balance from Y2001.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount. N/A



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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

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1983442	Na	me:	_D	enise	Rivera	Dept/Dlv:	Assessor's	_ Phone No.:_	986-6365			
				-	STIFICATION FOR REQUESTING BUDGET / , regulations, etc.):	ADJUSTMENT (If a	USTMENT (If applicable, cite the following authority: State Statute, grant name and					
	•	4)	(C	c)	ued): If this request is a result of Commission action, ple	ase cite and attach a c	opy of supporting documentation.					
			•	d)	Please identify other funding sources that can be us	ed to match this reque	sst. N/A					

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for. One new 4-wheel drive vehicle will be purchased to replace One 1991 full size Dodge Ram that is in constant need of repair and is in poor condition.
- 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. N/A

SANTA FE COUNTY RESOLUTION 2001 - <u>/4</u>Z_____

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Witness my Hand and Sail of Office Rebecca Bustamania County Clerk Sail of County N.M.

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.

1983443 Approved, Adopted, and Passed This 25th Day of September, 2001. Santa Fe Board of County Commissioners Paul Duran, Chairperson ATTEST: Rebecca Bustamante, County plerk Approved As To Form. OF SANTA FE NEW MEXICO STATE OF) SS I hereby certify that this instrument By for record on the Steven Kopelman, County Attorney 1 day of act 20 01 A.D at 9:53 o'dock and was duly recorded in book 1983 page 439-443 of the records of of the records of

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