

SANTA FE COUNTY

RESOLUTION 2001 - 21

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 27, 2001, did request the following budget adjustment:

Department / Division: Land Use / Regional Planning Authority Fund Name: General Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

1866348

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	0508	380	0100	Joint Powers Agreement / City of Santa Fe	80,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					80,000	

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	0502	414	5003	Contractual Services / Professional Services		100,000
101	0508	414	1021	Salary & Wages / Exempt Employees	37,500	
101	0508	414	2001	Employee Benefits / FICA - Regular	2,325	
101	0508	414	2002	Employee Benefits / FICA - Medicare	544	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					40,369	100,000

Requesting Department Approval: Katherine Miller Title: Finance Director Date: 2/21/01

Finance Department Approval: Katherine Miller Date: 2/21/01 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 2-27-01

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

1866349

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	0508	414	2003	Employee Benefits / Retirement Contributions	7,163	
101	0508	414	2005	Employee Benefits / Healthcare	812	
101	0508	414	2006	Employee Benefits / Retiree Healthcare	375	
101	0508	414	5090	Contractual Services / Other Contractual Services	121,281	
101	0508	414	6007	Supplies / Office Supplies	5,000	
101	0508	414	7002	Other Operating Costs / Rent of Land / Buildings	5,000	
TOTAL (if SUBTOTAL, check here _____)					180,000	100,000

SANTA FE COUNTY

RESOLUTION 2001 - 21**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.):**

- 1) Please summarize the request and its purpose.
This request establishes a budget for the Regional Planning Authority.
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
This request was included in the fiscal year 2001 operating budget to the extent of the County's portion alone.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This budget will be recurring contingent upon the continued funding and support of both the City and County of Santa Fe.
- 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:
This request budgets a joint powers agreement with the City of Santa Fe for the Regional Planning Authority.
 - 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.

1866350

SANTA FE COUNTY

RESOLUTION 2001 - 21

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

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

1866351 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 a result of Santa Fe County Resolution No. 1999-70 dated July 11, 2000 and an amendment to the joint powers agreement dated January 2001.
 - d) Please identify other funding sources that can be used to match this request.
None have been identified at this time.

- 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 creates a Regional Planning Director - (1) FTE.

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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 27th Day of February, 2001.

Santa Fe Board of County Commissioners

[Signature of Paul Duran]

Paul Duran, Chairperson

1866352



Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature of Steve Kopelman]*
Steve Kopelman, County Attorney



1146.967
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 1 day of Mar A.D.
20 01 at 8:07 o'clock a m
and was duly recorded in book 7866
page 348-352 of the records of

Witness by *[Signature]* Santa Fe County
County Clerk, Santa Fe County, N.M.
[Signature]
Deputy