

SANTA FE COUNTY
RESOLUTION 2003 - 23

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 11, 2003, did request the following budget adjustment:

Department / Division: Project & Facilities Management Department Fund Name: EMS - Healthcare

Budget Adjustment Type: Budget Increase Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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 |
|---|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| 232 | 0421 | 385 | 0200 | Budgeted Cash | 73,700 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 73,700 | |

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 |
|---|---------------------------------|------------------------------|----------------------------|---|--------------------|--------------------|
| 232 | 0724 | 461 | 4001 | Maintenance / Buildings & Structures | 10,500 | |
| 232 | 0724 | 461 | 7003 | Other Operating Costs / Telephone | 15,655 | |
| 232 | 0724 | 461 | 8003 | Capital Purchases / Equipment & Machinery | 69,645 | |
| 232 | 0421 | 461 | 7001 | Other Operating Costs / Rent of Equipment | | 4,800 |
| TOTAL (if SUBTOTAL, check here X) | | | | | 95,800 | 4,800 |

Requesting Department Approval: Katherine Miller Title: _____ Date: _____
 Finance Department Approval: [Signature] Date: 2/5/03 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 2/5/03

2342219

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

2342220

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 |
|--|---------------------------------|------------------------------|----------------------------|--|--------------------|--------------------|
| 232 | 0421 | 461 | 7002 | Other Operating Costs / Rent of Land / Buildings | | 10,800 |
| 232 | 0421 | 461 | 7003 | Other Operating Costs / Telephone | | 1,000 |
| 232 | 0421 | 461 | 7004 | Other Operating Costs / Electricity | | 1,000 |
| 232 | 0421 | 461 | 7005 | Other Operating Costs / Gas & Heating Costs | | 1,000 |
| 232 | 0421 | 461 | 7007 | Other Operating Costs / Water | | 3,500 |
| TOTAL (if SUBTOTAL, check here _____) | | | | | 95,800 | 22,100 |

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY,

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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 is to budget fiscal year 2002 cash balance for renovations to the old Magistrate Court building. The renovations are needed to move the EMS Healthcare division staff, DWI Program and Indigent Services to this facility since these programs are without permanent office space or are on short-term leases.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
It was not anticipated that these programs would need to be moved when the fiscal year 2003 operating budget was prepared.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
The recurring funding requirement of this adjustment will impact the budget by an approximate increase of \$23,000 annually.

- 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.

2302221

SANTA FE COUNTY
RESOLUTION 2003 - 23

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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.
The requested amount in the capital purchases category is for network equipment, training and installation.
- 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 not have an FTE impact.

2342222

SANTA FE COUNTY

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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.

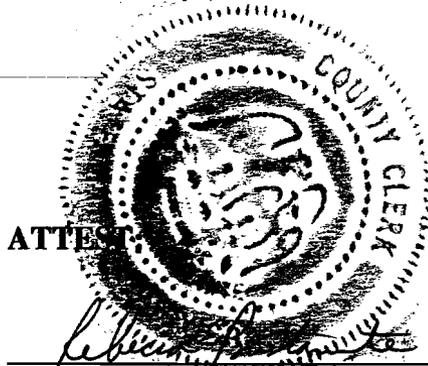
Approved, Adopted, and Passed This 11th Day of February 2003.

Santa Fe Board of County Commissioners

[Signature]
Jack Sullivan, Chairperson



2342223



ATTEST

[Signature]
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
County Attorney

1249574
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 17 DAY OF Feb A.D.
20 03 AT 8:24 O'CLOCK A.M.
AND WAS DULY RECORDED IN BOOK 2342
PAGE 219-223 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
[Signature]
DEPUTY