SFC Clerk 10/[illegible]/2004

SANTA FE COUNTY

RESOLUTION 2004 - 124

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

Whereas, the Board of County Commissioners meeting in regular session on October 12, 2004, did request the following budget adjustment:

Department / Division: County Manager/HHS Department

Fund Name: Healthcare Assistance\EMS: Other Healthcare

Budget Adjustment Type: Budget Increase

Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	341	95-00	Charges for Services	63,612	
TOTAL (if SUBTOTAL, check here ____)					63,612	

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	10-21	Exempt Positions	101,679	
232	0421	461	10-22	Permanent Employees		55,900
232	0421	461	20-01	FICA (Regular)	2,734	
232	0421	461	20-02	FICA (Medicare)	640	
TOTAL (if SUBTOTAL, check here X)					105,053	55,900

Requesting Department Approval: T.E. Gerald Gonzalez **Title:** County Manager **Date:** 10/01/04

Finance Department Approval: [signature] **Date:** 10-5-04 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2004 - 124

BUDGET ADJUSTMENT CONTINUATION SHEET

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	20-03	Retirement Contributions	8,624	
232	0421	461	20-05	Health Care	5,223	
232	0421	461	20-06	Retirement Health Care	590	
232	0421	461	20-08	Workers Compensation Assessment	22	
TOTAL (if SUBTOTAL, check here ____)					119,512	55,900

SFC Clerk 10/[illegible]/2004

SANTA FE COUNTY

RESOLUTION 2004 - 124

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: T.E. Gerald Gonzalez **Dept/Div:** County Manager/HHS Department **Phone #:** 986-6200

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 budgets funding for a 1.0 FTE exempt position which will work for the Health & Human Services Department and the County Manager. (See Attached Job Description. The position is titled a "Community, Health, & Legislative Liaison.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

  This position was not conceived of until after the fiscal year began.

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

  This budget increase and the resulting expenditures are recurring as long as the position is filled.

- 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 request is not a state special appropriation.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.

    This grant does not include state funding

SANTA FE COUNTY

RESOLUTION 2004 - 124

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: T.E. Gerald Gonzalez **Dept/Div:** County Manager/HHS Department **Phone #:** 986-6200

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 action 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 funds available 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 results in an increase of 1.0 FTE. It is one position. The position is exempt. This position is proposed to be funded out of the 232 EMS/Other Healthcare Fund, and will have a future funding impact as long the position is filled.

Resolution requesting a budget increase to the EMS Healthcare Fund (232) to create a 1.0 FTE exempt position (Community, Health & Legislative Liaison)

SANTA FE COUNTY

RESOLUTION 2004 - 124

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 12th Day of October, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

Stephen Ross, Santa Fe County Attorney

COUNTY CLERK
REBECCA BUSTAMANTE
SANTA FE COUNTY NEW MEXICO

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 8

I Hereby Certify That This Instrument Was Filed For Record On The 26TH Day Of October, A D 2004 at 08 30
And Was Duly Recorded as Instrument # 1351997
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
Deputy County Clerk, Santa Fe NM

SHC Clerk 10/28/2004

Santa Fe County
Health & Human Services Department \Administration
Fiscal Year 2005

10/01/04

Payroll Account	Last	First	Division	Position Title	Estimated Fill Date	FTE	Status	Hourly Rate 07/01/04	To 12/31/04 Pay Periods Left	To 12/31/04 Hours Left	FY-2005 Remaining Payroll	Hourly Rate 01/01/05	To 06/30/05 Pay Periods Left	To 06/30/05 Hours Left	FY-2005 Remaining Payroll	Benefits Totals by Person
232-0420-461.10-21	Estremera-Fitzgerald	Jaime	Health	Community, Health , & Legis Liaison	10/18/04	1	Exempt	28.8461	5.0	400.0	11,538.44	29.7115	13.4	1,072.0	31,850.71	17,512.80
232-0420-461.10-22	Garcia	Marie	Health	Administrative Assistant		1	Permanent	14.8191	7.0	560.0	8,298.70	15.2637	13.4	1,072.0	16,362.66	8,822.79
232-0420-461.10-21	Shepherd	Stephen	Health	Division Director		1	Exempt	34.4251	7.0	560.0	19,278.06	35.4579	13.4	1,072.0	38,010.82	21,983.42
Projections through 06/30/05						**3**		**78.0903**		**1,520.0**	**39,115.19**	**80.4330**		**3,216.0**	**86,224.19**	**48,319.01**
Total Projections through 06/30/05											**125,339.38**					**48,319.01**
Expenses as of 10/01/04											22,455.35					8,387.96
Total Projections and Expenses through 06/30/05											**147,794.73**					**56,706.97**
Fiscal Year 2005 Budget											103,017.00					38,876.00
Surplus/(Deficit)											**(44,777.73)**					**(17,830.97)**

Salary Surplus\(Deficit)	**(44,777.73)**
Benefit Surplus\(Deficit)	**(17,830.97)**
Total Surplus\(Deficit)	**(62,608.70)**

Santa Fe County
Health & Human Services Department \Administration
Fiscal Year 2005

10/01/04

Payroll Account	Last	First	Division	Position Title	FICA Regular 0.062	FICA Medicare 0.0145	PERA 0.1901	Health Care	Retiree Health 0.0130	Workers Comp.	Total Benefits by Person
232-0420-461.10-21	Estremera-Fitzgerald	Jaime	Health	Community, Health , & Legis Liaison	2,690.13	629.14	8,248.28	5,375.19	564.06	6.00	17,512.80
232-0420-461.10-22	Garcia	Marie	Health	Administrative Assistant	1,529.00	357.59	4,688.12	1,921.48	320.60	6.00	8,822.79
232-0420-461.10-21	Shepherd	Stephen	Health	Division Director	3,551.91	830.69	10,890.62	5,959.45	744.76	6.00	21,983.42
Projections through 06/30/05					**7,771.04**	**1,817.42**	**23,827.02**	**13,256.12**	**1,629.41**	**18.00**	**48,319.01**
Expenses as of 10/01/04					1,313.96	307.28	4,268.79	2,202.03	291.90	4.00	**8,387.96**
Total Projections and Expenses through 06/30/05					**9,085.00**	**2,124.70**	**28,095.81**	**15,458.15**	**1,921.31**	**22.00**	**56,706.97**
Fiscal Year 2005 Budget					**6,351.00**	**1,485.00**	**19,472.00**	**10,236.00**	**1,332.00**	**0.00**	**38,876.00**
Surplus\(Deficit)					(2,734.00)	(639.70)	(8,623.81)	(5,222.15)	(589.31)	(22.00)	(17,830.97)