RESOLUTION 2006 - 167

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

| 2 . | | the state of the s | | • | | |
|--------------|--------------------|--|--------------------------|------------------------|--------------------------|-----------------------|
| 117h 41 | he Doord of County | Camandanianana m | andina in mamilan anasia | - a- Ortabar 21 2006 | did request the followin | a budaat adluates sut |
| vy nereas, u | He DORLO OF CORRES | Commissioners in | ieeuny in leguial sessio | n un October 31. Zuud. | MA LEAGEST THE TOHOWIN | z daorei aoiazement |
| | | • | | | | |

| Department / Division: | Land Use / Regional Planning Authority | Fund Name: | Regional Planning Authority Fund (501) |
|------------------------|--|--------------|--|
| - | _ | | |
| Budget Adjustment Type | : Budget Increase | Fiscal Year: | 2007 (July 1, 2006 - June 30, 2007) |

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 |
|-----------------------|---------------------------------|------------------------------|----------------------------|--|--------------------|-----------------------------|
| 501 501 | 0508 0508 | 380 385 | 0100 0500 | Joint Powers Agreement / City of Santa Fe Budgeted Cash | 100,000 79,280 | |
| | (ASUBITOTIAL, C | rosia (oro sa III). | | | 179,280 | an come profession graduate |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND. CODE | DEPARTMENT | ACTIVITY BASIC/SUB | ELEMENT/ OBJECT | CATEGORY/LINE TIEM | INCREASE | DECREASE |
|---------------|---------------|-----------------------|--------------------|-------------------------------------|----------|----------|
| XXX | XXXX | XXX | XXXX | NAME | AMOUNT | AMOUNT |
| 501 | 0508 | 414 | 1021 | Salary & Wages / Exempt Employees | 77,225 | |
| 501 | 0508 | 414 | 1026 | Salary & Wages / Term Employees | 38,850 | |
| 501 | 0508 | 414 | 2001 | Employee Benefits / FICA – Regular | 7,197 | |
| 501 | 0508 | 414 | 2002 | Employee Benefits / FICA – Medicare | 1,683 | |
| TOTAL (i | fSUBTOTAL, ch | ieck here X) | | | 124,955 | |

| Requesting Department Approval: | Title: | | Date: |
|--|----------------|-------------|-------|
| Finance Department Approval Musical Musicane | Date: /3/34/00 | Entered by: | Date: |
| County Manager Approval: | _ Date: | | |

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASHCISUB XXX | ELEMENT/ OF MET XXXX | | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---------------------|---------------------------------|------------------------------|----------------------------|-----|-------------------|--|--------------------|
| | | | | | | | |
| | | | , | . • | | | |
| TONALI(| fSUBTOTAL, e | leck here) | | | ·a surgaçõe (Luce | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND CODE | DEPAREMENT/ DIVISION | ACTIVITY BASIC/SUB | ELEMENT/ OBJECT | CATEGORY/LINE ITEM | INCREASE. | DECREASE |
|--------------|-------------------------|-----------------------|--------------------|---|-----------|----------|
| XXX | 0508 | 3003 414 | 2002 | Francisco Paracity / Patings out Containsting | AMOUNT | AMOUNT |
| 501 | 1 | 1 | 2003 | Employee Benefits / Retirement Contributions | 22,185 | 1 |
| -501 | 0508 | 414 | 2005 | Employee Benefits / Healthcare | 9,206 | · . |
| 501 | 0508 | 414 | 2006 | Employee Benefits / Retiree Healthcare | 1,517 | 1 |
| 501 | 0508 | 414 | 5003 | Contractual Services / Professional Services | 4,000 | |
| 501 | 0508 | 414 | 7036 | Other Operating Costs / Postage & Mail | 317 | 1 |
| 501 | 0508 | 414 | 7037 | Other Operating Costs / Printing & Publishing | 11,100 | |
| 501 | 0508 | 414 | 8015 | Capital Purchases / Computers & Peripherals | 6,000 | 1 1 |
| | | | | | | |
| TOTAL (| INSUBITORIAL SE | leckshere) | | | 179,280 | |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

| DEP | ٨ | DT | м | UT | CON | ГΔ | CT |
|-------|----|----|---|----------------|------|-----|----|
| LIEL. | ., | | • | 1 . | CUIT | _ ^ | |

Roman Abevta

| • | • | | |
|------|-------|------|--|
| | | | |

Phone No.:

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- Please summarize the request and its purpose.
 This request establishes a budget for the Regional Planning Authority for fiscal year 2007.
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?

 A budget of only \$20,720 was included in the fiscal year 2007 operating budget since there was not a Regional Planner at the time of budget preparation. The total budget for the RPA will be \$200,000 (\$100,000 from the City of Santa Fe and \$100,000 from Santa Fe County).
- 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.

Dept/Div: County Manager

- 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 their portion and budgeted cash for the County's portion.
 - 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

2006.

| DEPARTMENT CONTACT: | | |
|--|--|---|
| Name: Roman Abeyta | Dept/Div: County Manager | Phone No.: 986-6200 |
| DETAILED JUSTIFICATION FOR REQU date, other laws, regulations, etc.): | ESTING BUDGET ADJUSTMENT (If applicable, o | cite the following authority: State Statute, grant name and award |
| 4) (Continued): c) If this request is a result of C | Commission action, please cite and attach a copy of supp | porting documentation. |

The employment agreement between the Regional Planner and the Board of Directors of the Regional Planning Authority was signed on September 26,

- 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 is to purchase laptop computers for the Regional Planner and the Planner I.
- 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.

The requested amount for salaries and benefits will be used to fund the Regional Planner and Planner I positions which are existing FTEs.

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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 31st Day of October, 2006.

Santa Fe Board of County Commissioners

Hamy Montoyal Chairperson

Approved As To Form.

Stephen Ross, County Attorney

Valerie Espinoza, County Clerk

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|-----------------------|------------|--------------------------|
| COUNTY OF SANTA FE |) | PAGES: 5 |
| STATE OF NEW MEXICO |) ss | |
| I Hereby Certify That | This Inst | rument Was Filed for |
| Record On The 2ND Day | Of Novemb | per, A.D., 2006 at 11:42 |
| And Was Duly Recorded | | |
| Of The Records Of San | ta Fe Cour | nty |

Withess My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM