SANTA FE COUNTY

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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 31, 2006, did request the following budget adjustment:

Department / Division: <u>Manager / Commission</u>

Budget Adjustment Type: Budget Increase

Fund Name: <u>General Fund</u>

Fiscal Year: 2007 (July 1, 2006 - June 30, 2007)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUN COD	E DIVISION	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0000	311	0501	Property Tax / Current	98,389	
тот/	L (if SUBTOTAL, c	heck here)			98, 389	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVETY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0102	411	1021	Salary & Wages / Exempt Employees	68,245	
101	0102	411	1090	Salary & Wages / Other Wages	4,100	
101	0102	411	2001	Employee Benefits / FICA - Regular	4,485	
101	0102	411	2002	Employee Benefits / FICA - Medicare	1,049	
TOTAL (i	f SUBTOIAL, ch	ieck here X)			77,879	

Requesting Department Approval:		Title:		Date:
Finance Department Approval	Marting	Date: 15/24/4	Entered by:	Date:
County Manager Approval:	\mathcal{O}	Date:	·	

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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FUND DEPARTMO CODE DIVISIO XXX XXX	IN BASIC/SUB	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREAS	E DECREASE AMOUNT
<u> </u>					
TOTAL (If SUBTON	AL, 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
101	0102	411	2003	Employee Benefits / Retirement Contributions	13,746	
101	0102	411	2005	Employee Benefits / Healthcare	5,824	
101	0102	411	2006	Employee Benefits / Retiree Healthcare	940	
TOTAL (i	f SUBTOTAL, ch	eck here			98,389	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: <u>Roman Abeyta</u>

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Dept/Div: <u>County Manager</u>

Phone No.: <u>986-6200</u>

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 increases the General Fund (101) budget for property tax revenue to fund a Provost & Policy Advisor position. The Board of County Commissioners approved a reorganization of top management positions which resulted with this position.

• 2) Why was this request not included in the Fiscal Year 2007 Operating Budget? The reorganization was done after the fiscal year 2007 operating budget was prepared.

3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request? This increase is non-recurring for fiscal year 2007; however, this request will increase the base for salaries and benefits which will have recurring effects on future fiscal year operating budgets.

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.



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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: <u>Roman Abeyta</u>

Dept/Div: <u>County Manager</u>

Phone No.: 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. The Provost & Policy Advisor position was approved by the Board of County Commissioners with the reorganization.
 - 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. 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 does not change the number of FTEs for 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 31st Day of October, 2006.

Santa Fe Board of County Commissioners

Charperson

Valerie Espinoza, County Clerk

Approved As To Form.

Bv

Stephen Ross, County Attorney

COUNTY OF SANTA FE BCC RESOLUTIONS STATE OF NEW MEXICO PAGES: 5) ss I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day Of November, A.D., 2005 at 11:43 And Was Buly Recorded as Instrument # 1457576 Of The Repords Of Santa Fe County My Hand And Seal Of Office Valeríe Espinoza County Clerk, Santa Fe, NM