

SANTA FE COUNTY

RESOLUTION 2008 - 17Page 1 of 4**A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM**

Whereas, the Board of County Commissioners meeting in regular session on January 29, 2008, did request the following budget adjustment:

Department / Division: Community Services Department Fund Name: General Fund (101) and EMS-Healthcare Fund (232)Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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	0000	385	0100	Budgeted Cash	28,610.92	
232	2101	390	0100	Operating Transfer In	28,610.92	
TOTAL (if SUBTOTAL, check here)					57,221.84	

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	0000	490	0100	Operating Transfer Out	28,610.92	
232	2101	461	1022	Salary & Wages / Permanent Employees	28,610.92	
TOTAL (if SUBTOTAL, check here)					57,221.84	

Requesting Department Approval: Dana C. Martinez Title: Finance Director Date: 1/16/08

Finance Department Approval: _____ Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: ASD / 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.
Request is to budget \$28,610.92 of prior fiscal year 2007 cash balance for the General Fund (101) with an operating transfer to the EMS-Healthcare Fund (232) / RECC budget for employees that have annual leave balances over 240 hours to be paid out, bringing the balances down to 200 hours by the end of 2007.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1022	Annual leave payout for (7) employees down to 200 hrs.		

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez Dept/Div: ASD / 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.):

- 3) 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, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.
There are no other funding sources to match this request.

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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.

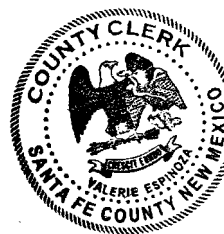
Approved, Adopted, and Passed This 29th Day of January, 2008.

Santa Fe Board of County Commissioners

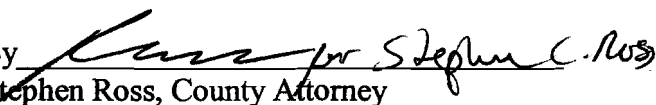

Jack Sullivan, Chairperson




Valerie Espinoza, County Clerk



Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 30TH Day Of January, A.D., 2008 at 15:13
And Was Duly Recorded as Instrument # 1513879
Of The Records Of Santa Fe County


Deputy _____ Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM