

## SANTA FE COUNTY

RESOLUTION 2008 - 18

## 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: County Manager Fund Name: General Fund (101) and Jail Operations Fund (518)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	390	0500	Operating Transfer In	22,558	
TOTAL (if SUBTOTAL, check here )					22,558	

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	0115	412	1022	Salary & Wages / Permanent Employees	16,224	
101	0115	412	2001	Employee Benefits / FICA - Regular	1,006	
101	0115	412	2002	Employee Benefits / FICA - Medicare	235	
101	0115	412	2003	Employee Benefits / Retirement Contributions	3,084	
TOTAL (if SUBTOTAL, check here X )					20,549	

Requesting Department Approval: Juan A. Martinez Title: Finance Director Date: 1/16/08

Finance Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## SANTA FE COUNTY

RESOLUTION 2008 - 16

## 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
101	0115	412	2005	Employee Benefits / Healthcare	1,798	
101	0115	412	2006	Employee Benefits / Retiree Healthcare	211	
518	1860	490	0100	Operating Transfer Out	22,558	
518	1860	426	1022	Salary & Wages / Permanent Employees		16,224
518	1860	426	2001	Employee Benefits / FICA - Regular		1,006
518	1860	426	2002	Employee Benefits / FICA - Medicare		235
518	1860	426	2003	Employee Benefits / Retirement Contributions		3,084
518	1860	426	2005	Employee Benefits / Healthcare		1,798
518	1860	426	2006	Employee Benefits / Retiree Healthcare		211
TOTAL (if SUBTOTAL, check here )					45,116	22,558

RESOLUTION 2008 - 18**ATTACH ADDITIONAL SHEETS IF NECESSARY.**DEPARTMENT CONTACT: Name: Roman Abeyta Dept/Div: County Manager 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.):**

- 1) Please summarize the request and its purpose.  
Request is to transfer (1) FTE (Detention Officer) from the Corrections / Adult Facility to the County Manager / Human Resources budget as a Secretary.

## a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
518-1860-426-1022	Delete FTE (transfer to Human Resources)	Permanent	Detention Officer
101-0115-412-1022	Add FTE (transfer from Adult Facility)	Permanent	Reclass to Secretary

## 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 X or for NON-RECURRING (one-time only) expense \_\_\_\_\_

RESOLUTION 2008 - 18

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Roman Abeyta Dept/Div: County Manager Phone No.: 986-6200

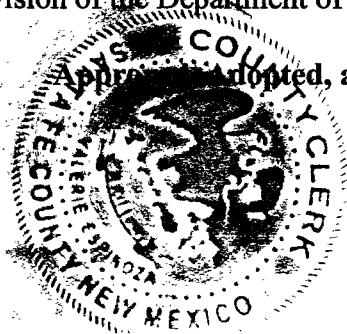
**DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):**

- 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.

## SANTA FE COUNTY

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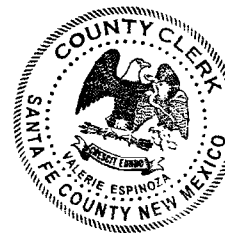
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.



Adopted, and Passed This 29<sup>th</sup> Day of January, 2008.

Santa Fe Board of County Commissioners

  
Jack Sullivan, Chairperson



ATTEST:

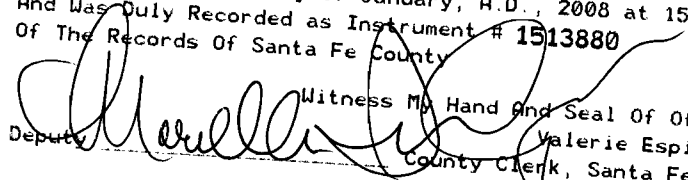
  
Valerie Espinoza, County Clerk

Approved As To Form.

By   
Stephen Ross, County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss BCC RESOLUTIONS  
PAGES: 5

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 # 1513880  
Of The Records Of Santa Fe County

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