SANTA FE COUNTY



RESOLUTION 2008 - 29

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

Whereas,	the !	Board	l of	County	Commissioners	meeting ir	ı regulai	r session o	n Februar	ry 26, 20	08, did	request	the fol	lowing	budget	: adjust	ment

Department / Division: _	Community Services / RECC	Fund Name: _	EMS – Healthcare Fund (232)	· ·

Budget Adjustment Type: Budget Increase 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	DECREAS AMOUNT
232	2101	385	0200	Budgeted Cash	38,841	
TOTAL (i	 f SUBTOTAL, cl	leck here)			38,841	

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
232 232	2101 2101	461 461	7010 7013	Other Operating Costs / Workers Comp. Premiums Other Operating Costs / Property/Liability Insur.	26,336 12,505	,
TOTAL (i	f SUBTOTAL, ch	eck here)			38,841	

Requesting Department Approval: Ullu & Marin	Title: France Director	Date: 2/14/08
Finance Department Approval:	Entered by:	Date:
County Manager Approval: Date: 7/2	26/08	

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ATTACH ADDITIONAL SHEETS	S IF NECESSARY.	,				
DEPARTMENT CONTACT:	Name: Teresa Martinez	Dept/Div: <u>Fin</u> an	ace	Phone No.: 986-6375		
DETAILED JUSTIFICATION FO	OR REQUESTING BUDGET ADJU	USTMENT (If applicable	e, cite the following authority: Sta	ate Statute, grant name and award		
period 7/1/2007 to 6/3 Center. Santa Fe Cou		Insurance for policy period ective July 1, 2007 and had	7/1/2007 to 12/31/2007 for the Reg I not paid for Worker's Compensati	on contributions and Property &		
Line Item	Action (Add/Delete Position, Rec	lass, Overtime)	Position Type (permanent, term)	Position Title		
b) Professional Services (5	50-xx) and Capital Category (80-xx) d	letail:				
Line Item	Detail (what specific things, contra	acts, or services are being a	dded or deleted)	Amount		
	<u> </u>					
ــــــــــــــــــــــــــــــــــــــ						

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPAR	TMEN	r contact:							. ~
Name:_	Teres	a Martinez	Dept/Div:	Finance	· 	Phone No.:	986-6375	- -	
		STIFICATION FOR REQUESTI s, regulations, etc.):	NG BUDGET	ADJUSTMENT	(If applicable, cite t	the following au	thority: State Sta	atute, grant name	and awar
• 3)		is request impact a revenue source? If this is a state special appropriati If YES, cite statute and attach a co	on, YES			federal funds, etc	.), and address the	following:	
	• b)	Does this include state or federal f If YES, please cite and attach a co award letter and proposed budget.	py of statute, i			nt name, number	, award date and a	mount, and attach a	ı copy of a
.e	• c)	Is this request is a result of Comm If YES, please cite and attach a co				tion, Ordinance,	etc.).		
	• d)	Please identify other funding source		-					

RESOLUTION 2008 - 29

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 26th Day of February, 2008.

Santa Fe Board of County Commissioners

Jack Sullivar, Chairperson

- Feb. 27,08

Approved As To Form.

By wr Skahn Ciless Stephen Ross, County Attorney

COUNTY OF SANTA FE STATE OF NEW MEXICO

BCC RESOLUTIONS PAGES: 4

[Hereby Certify That This Instrument Was Filed for second On The 27TH Day Of February, A.D., 2008 at 16:42 and Was Duly Recorded as Instrument # 1516817 If The Records Of Santa Fe County