

SANTA FE COUNTY

RESOLUTION 2009 - 138

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

Whereas, the Board of County Commissioners meeting in regular session on August 25, 2009, did request the following budget adjustment:

Department / Division: Community Services / RECC Fund Name: General Fund (101) and Emergency Communications (245)

Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
245	2101	390	0101	Operating Transfer In / From General Fund	91,744.42	
TOTAL (if SUBTOTAL, check here)					91,744.42	

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	0245	Operating Transfer Out / To Fund 245	91,744.42	
101	1502	412	1022	Salary & Wages / Permanent Employees		63,409.07
101	1502	412	2001	Employee Benefits / FICA - Regular		3,931.36
101	1502	412	2002	Employee Benefits / FICA - Medicare		919.43
TOTAL (if SUBTOTAL, check here X)					91,744.42	68,259.86

Requesting Department Approval: Juan Martinez Title: Finance Director Date: 8/18/09

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

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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RESOLUTION 2009 - 138

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	1502	412	2003	Employee Benefits / Retirement Contributions		12,054.06
101	1502	412	2005	Employee Benefits / Healthcare		10,606.18
101	1502	412	2006	Employee Benefits / Retiree Healthcare		824.32
245	2101	461	1022	Salary & Wages / Permanent Employees	63,409.07	
245	2101	461	2001	Employee Benefits / FICA - Regular	3,931.36	
245	2101	461	2002	Salary & Wages / Permanent Employees	919.43	
245	2101	461	2003	Employee Benefits / Retirement Contributions	12,054.06	
245	2101	461	2005	Employee Benefits / Healthcare	10,606.18	
245	2101	461	2006	Employee Benefits / Retiree Healthcare	824.32	
TOTAL (if SUBTOTAL, check here)					183,488.84	91,744.42

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RESOLUTION 2009 - 138

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 transfer a Systems Analyst Senior FTE and accompanying budget from the Administrative Services Department / Information Technology division within the General Fund (101) to the Regional Emergency Communications Center (Fund 245).

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1022	Transfer FTE from IT to RECC	Permanent	Systems Analyst Senior

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 _____

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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.

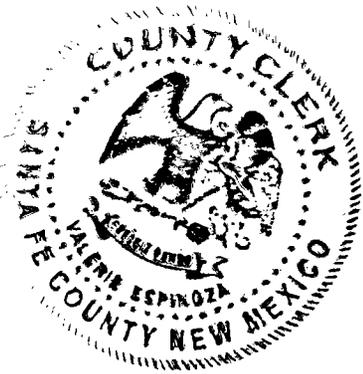
Approved, Adopted, and Passed This 25th Day of August, 2009.

Santa Fe Board of County Commissioners

[Handwritten Signature]
Mike D. Anaya, Chairperson

ATTEST:

[Handwritten Signature]
Valerie Espinoza, County Clerk



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

I Hereby Certify That This Instrument Was Filed for Record On The 25TH Day Of August, 2009 at 03:40:57 PM And Was Duly Recorded as Instrument # 1575223 Of The Records Of Santa Fe County

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