

SANTA FE COUNTY

SEC. CLERK RECORDED 11/12/2009

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RESOLUTION 2009 - 212

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

Whereas, the Board of County Commissioners meeting in regular session on November 10, 2009, did request the following budget adjustment:

Department / Division: County Assessor

Fund Name: General Fund (101) and Property Valuation Fund (203)

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
203	1111	390	0101	Operating Transfer In / From General Fund	17,174	
TOTAL (if SUBTOTAL, check here)					17,174	

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	0203	Operating Transfer Out / To Valuation Fund	17,174	
101	1101	413	1022	Salary & Wages / Permanent Employees		13,421
101	1101	413	2001	Employee Benefits / FICA-Regular		832
101	1101	413	2002	Employee Benefits / FICA-Medicare		195
TOTAL (if SUBTOTAL, check here X)					17,174	14,448

Requesting Department Approval:

[Signature]

Title:

Assessor

Date:

11/23/09

Finance Department Approval:

[Signature]

Date:

11/26/09

Entered by:

Date:

County Manager Approval:

Date:

Updated by:

Date:

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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	1101	413	2003	Employee Benefits /Retirement Contributions		2,551
101	1101	413	2006	Employee Benefits / Retiree Healthcare		175
203	1111	413	1022	Salary & Wages / Permanent Employees	13,421	
203	1111	413	2001	Employee Benefits / FICA-Regular	832	
203	1111	413	2002	Employee Benefits / FICA-Medicare	195	
203	1111	413	2003	Employee Benefits /Retirement Contributions	2,551	
203	1111	413	2006	Employee Benefits / Retiree Healthcare	175	
TOTAL (if SUBTOTAL, check here)					34,348	17,174

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Domingo Martinez Dept/Div: County Assessor Phone No.: 986-6312

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. * please see attached memorandum dated 10/24/09

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

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 _____

SANTA FE COUNTY

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Page 4 of 5**RESOLUTION 2009 - 212****ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:**Name: Domingo Martinez Dept/Div: County Assessor Phone No.: 986-6312**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. n/a

SANTA FE COUNTY

SFC CLERK RECORDED 11/12/2009

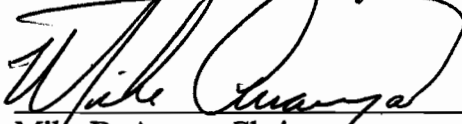
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 10th Day of November, 2009.

Santa Fe Board of County Commissioners


Mike D. Anaya, Chairperson



ATTEST:

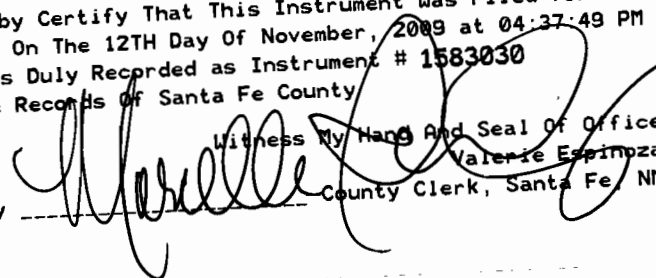

Valerie Espinoza, County Clerk



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 12TH Day Of November, 2009 at 04:37:49 PM
And Was Duly Recorded as Instrument # 1583030
Of The Records Of Santa Fe County

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