

SANTA FE COUNTY

RESOLUTION 2010 - 39

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

Whereas, the Board of County Commissioners meeting in regular session on February 23, 2010, did request the following budget adjustment:

Department / Division: Various Departments Fund Name: Various Funds

Budget Adjustment Type: Budget Decrease 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
101	0000	311	0201	Gross Receipts Tax / County General		501,806
101	0000	311	0208	Gross Receipts Tax / 1/16 th		250,978
204	0611	390	0101	Operating Transfer In		12,000
213	0610	311	0206	Gross Receipts Tax / Capital Outlay		11,250
TOTAL (if SUBTOTAL, check here ☒)						776,034

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
<i>County Manager</i>						
101	0101	412	3001	I/S Mileage & Fares		349
101	0101	412	3002	O/S Mileage & Fares		797
101	0101	412	3003	I/S Meals & Lodging		500
101	0101	412	3004	O/S Meals & Lodging		1,177
TOTAL (if SUBTOTAL, check here ☒)						2,823

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: *Julie Martinez* Date: 2/15/11 Entered by: _____ Date: _____

County Manager Approval: *RA* Date: 3/2/10 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
213	6080	311	0206	Gross Receipts Tax / Capital Outlay		11,250
213	0713	311	0206	Gross Receipts Tax / Capital Outlay		71,000
213	0780	311	0206	Gross Receipts Tax / Capital Outlay		71,000
220	0420	311	0202	Gross Receipts Tax / County Indigent		96,535
220	0420	311	0209	Gross Receipts Tax / County Health		48,081
223	0420	390	0220	Operating Transfer In		144,215
TOTAL (if SUBTOTAL, check here ☒)						442,081

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	0101	412	5090	Other Contractual Services		15,000
101	0101	412	6090	Other Supplies		500
101	0101	412	7033	Seminars & Workshops		1,312
101	0102	411	4004	Vehicle Maintenance		200
101	0102	411	6008	Field Supplies		350
101	0102	411	7037	Printing/Publishing/Ads		500
101	0102	411	7090	Misc. Operating Costs		550
101	0109	412	3003	I/S Meals & Lodging		750
101	0109	412	6090	Other Supplies		750
101	0109	412	7002	Rent of Land/Buildings		500
101	0115	412	2007	Unemployment Insurance	25,000	
101	0115	412	5003	Professional Services		10,000
101	0115	412	2009	Tuition Reimbursements		3,300
101	0115	412	5090	Other Contractual Services		15,000
101	0115	412	7037	Printing/Publishing/Ads		9,370
101	1511	412	3001	I/S Mileage & Fares		1,000
101	1511	412	3003	I/S Meals & Lodging		1,000
101	1511	412	4006	Maintenance / Equipment		1,000
101	1511	412	5003	Professional Services		5,000
TOTAL (if SUBTOTAL, check here ☒)					25,000	66,082

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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
231	0000	385	0500	Budgeted Cash		1,470
232	0000	385	0200	Budgeted Cash		19,254
232	0421	390	0220	Operating Transfer In / From Fund 220		401
232	0474	390	0234	Operating Transfer In / From Fund 234		18,773
232	0489	390	0234	Operating Transfer In / From Fund 234		21,792
234	0108	311	0200	Gross Receipts Tax		59,819
244	0000	311	0200	Gross Receipts Tax		95,254
245	2101	390	0232	Operating Transfer In / From Fund 232		19,254
245	2101	390	0234	Operating Transfer In / From Fund 234		19,254
245	2101	390	0244	Operating Transfer In / From Fund 244		19,254
TOTAL (if SUBTOTAL, check here <u>X</u>)						274,525

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
Legal						
101	0201	412	2001	FICA - Regular		775
101	0201	412	4004	Vehicle Maintenance		500
101	0201	412	6001	Inventory Exempt		500
101	0201	412	6007	Office Supplies		1,000
101	0202	412	3001	I/S Mileage & Fares		500
101	0202	412	3003	I/S Meals & Lodging		500
101	0202	412	3005	Gas & Oil		3,200
101	0202	412	6001	Inventory Exempt		250
101	0202	412	6003	Uniform / Linen Purchase		500
101	0202	412	6009	Educational Supplies		250
Land Use						
101	0501	412	7033	Seminars & Workshops		200
101	0502	414	3001	I/S Mileage & Fares		150
101	0502	414	3003	I/S Meals & Lodging		150
TOTAL (if SUBTOTAL, check here <u>X</u>)						8,475

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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
246	1201	390	0101	Operating Transfer In / From General Fund		93,000
247	1860	390	0101	Operating Transfer In / From General Fund		463,314
501	0508	380	0100	Joint Powers Agreement		4,450
501	0000	390	0101	Operating Transfer In / From Fund 101		4,450
517	1930	385	0500	Budgeted Cash		2,121
TOTAL (if SUBTOTAL, check here)						2,059,975

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	0502	414	5003	Professional Services		5,000
101	0502	414	7033	Seminars & Workshops		1,245
101	0502	414	7039	Subscriptions & Dues		1,000
101	0512	414	3001	I/S Mileage & Fares		97
101	0512	414	3002	O/S Mileage & Fares		871
101	0512	414	3004	O/S Meals & Lodging		1,506
101	0512	414	7033	Seminars & Workshops		250
101	0513	414	6007	Office Supplies		200
101	0513	414	7002	Rent of Land /Buildings		500
101	0513	414	7036	Postage & Mail Service		200
101	0516	414	3001	I/S Mileage & Fares		117
101	0516	414	3003	I/S Meals & Lodging		390
101	0516	414	3004	O/S Meals & Lodging		1,245
101	0516	414	3005	Gas & Oil		2,000
101	0516	414	4001	Maintenance / Buildings & Structures		490
101	0516	414	6009	Educational Supplies		1,000
101	0516	414	7033	Seminars & Workshops		1,430
101	0516	414	7037	Printing/Publishing/Ads		1,000
101	0516	414	7039	Subscriptions & Dues		1,590
TOTAL (if SUBTOTAL, check here <u>X</u>)						20,131

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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
Public Works						
101	0601	441	3005	Gas & Oil		2,456
101	0601	441	4001	Maintenance / Buildings & Structures		100
101	0601	441	4006	Maintenance / Equipment		1,000
101	0601	441	6003	Uniform / Linen Purchase		519
101	0601	441	7007	Water		2,900
101	0602	441	3005	Gas & Oil		2,732
101	0602	441	4004	Vehicle Maintenance		2,000
101	0602	441	6003	Uniforms / Linen Purchase		527
101	0602	441	7004	Electricity		244
101	0603	442	3003	I/S Meals & Lodging		175
101	0603	442	3005	Gas & Oil		5,850
101	0603	442	4004	Vehicle Maintenance		1,500
101	0603	442	6003	Uniforms / Linen Purchase		393
101	0603	442	6009	Educational Supplies		500
101	0604	452	3005	Gas & Oil		13,000
101	0604	452	7005	Gas & Heating Costs		1,410
101	0605	443	3005	Gas & Oil		10,000
101	0605	443	4010	Pest Control	3,000	
County Clerk						
101	0901	416	3001	I/S Mileage & Fares		1,062
101	0901	416	3003	I/S Meals & Lodging		1,364
TOTAL (if SUBTOTAL, check here <u>X</u>)					3,000	47,732

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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	0901	416	3005	Gas & Oil		1,000
101	0901	416	6007	Office Supplies		1,600
101	0902	417	3002	O/S Mileage & Fares		2,633
101	0902	417	3004	O/S Meals & Lodging		2,903
101	0902	417	6001	Inventory Exempt		1,000
101	0902	417	6004	Election Supplies		3,000
<i>County Treasurer</i>						
101	1001	418	1024	Temporary Employees	7,800	
101	1001	418	2001	FICA - Regular	484	
101	1001	418	2002	FICA - Medicare	113	
101	1001	418	7036	Postage & Mail	9,000	
<i>Administrative Services</i>						
101	1500	412	6001	Inventory Exempt		950
101	1500	412	6007	Office Supplies		1,200
101	1500	412	6009	Educational Supplies		275
101	1500	412	7003	Telephones		10,268
101	1500	412	7033	Seminars & Workshops		1,162
101	1500	412	7039	Subscriptions & Dues		760
101	1502	412	3001	I/S Mileage & Fares		49
101	1502	412	3002	O/S Mileage & Fares		1,100
101	1502	412	3003	I/S Meals & Lodging		600
TOTAL (if SUBTOTAL, check here <u>X</u>)					17,397	28,500

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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	3004	O/S Meals & Lodging		700
101	1502	412	3005	Gas & Oil		3,000
101	1512	412	4006	Maintenance / Equipment		200
101	1512	412	6007	Office Supplies		2,500
101	1513	415	3005	Gas & Oil		2,000
101	1513	415	4004	Vehicle Maintenance		1,000
101	1513	415	4007	Maintenance Supplies		8,000
101	1516	412	3005	Gas & Oil		540
101	1516	412	6007	Office Supplies		2,500
<i>County Surveyor</i>						
101	1701	414	6007	Office Supplies		350
<i>Housing</i>						
101	1902	412	3001	I/S Mileage & Fares		216
101	1902	412	3002	O/S Mileage & Fares		45
101	1902	412	3003	I/S Meals & Lodging		433
101	1902	412	3004	O/S Meals & Lodging		603
101	1902	412	4004	Vehicle Maintenance		445
101	1902	412	7033	Seminars & Workshops		1,450
<i>Community Services</i>						
101	2201	412	3001	I/S Mileage & Fares		625
101	2201	412	4004	Vehicle Maintenance		1,500
TOTAL (if SUBTOTAL, check here <u>X</u>)						26,107

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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	2201	412	7037	Printing/Publishing/Ads		686
101	2202	415	3001	I/S Mileage & Fares		450
101	2202	415	4003	Maintenance / Grounds & Roadways		1,179
101	2202	415	5015	Software Licenses		2,143
101	2202	415	6001	Inventory Exempt		2,810
101	2202	415	6003	Uniform/Linen Purchase		2,800
101	2202	415	6008	Field Supplies		1,455
101	2202	415	6090	Other Supplies		600
101	2202	415	7013	Liability Insurance		1,851
101	2203	412	5090	Other Contractual Services		3,201
101	2203	412	6001	Inventory Exempt		534
101	2203	412	6002	Safety Equipment		40
101	2203	412	7002	Rent of Land / Buildings		3,062
101	2204	412	3001	I/S Mileage & Fares		100
101	2204	412	4001	Maintenance / Buildings & Structures		479
101	2204	412	4010	Pest Control		65
101	2205	412	3001	I/S Mileage & Fares		130
101	2205	412	6007	Office Supplies	57	
101	2205	412	7003	Telephone		184
101	2206	412	3001	I/S Mileage & Fares		148
101	2206	412	6007	Office Supplies	24	
101	2206	412	7003	Telephone	120	
TOTAL (if SUBTOTAL, check here <u>X</u>)					201	21,917

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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	2211	431	4006	Maintenance / Equipment		380
101	2211	431	7007	Water	11	
101	2213	431	7004	Electricity		28
101	2213	431	7006	Garbage & Sewer		240
101	2215	431	4006	Maintenance / Equipment		370
101	2216	431	4006	Maintenance / Equipment		100
101	2217	431	4010	Pest Control	125	
101	2217	431	7003	Telephone		140
101	2218	431	7004	Electricity		445
101	2232	434	6003	Uniform / Linen Purchase		665
101	2232	434	6007	Office Supplies		111
101	2232	434	7002	Rent of Land / Buildings		650
101	2232	434	7006	Garbage & Sewer		858
101	0000	490	0204	Operating Transfer Out / To Fund 204		12,000
101	0000	490	0246	Operating Transfer Out / To Fund 246		93,000
101	0000	490	0247	Operating Transfer Out / To Fund 247		463,314
101	0000	490	0501	Operating Transfer Out / To Fund 501		4,450
TOTAL (if SUBTOTAL, check here <u>X</u>)					136	576,751

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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
Road Maintenance						
204	0611	451	3005	Gas & Oil		12,000
Capital Outlay GRT						
213	0610	481	8010	Roadways		11,250
213	6080	481	8010	Roadways		11,250
213	0713	481	8010	Roadways		71,000
213	0780	481	8010	Roadways		71,000
Indigent Services Fund						
223	0420	461	3001	I/S Mileage & Fares		1,000
223	0420	461	3002	O/S Mileage & Fares		1,200
223	0420	461	3003	I/S Meals & Lodging		515
223	0420	461	3004	O/S Meals & Lodging		1,500
223	0420	461	7020	Indigent Hospital Payment		29,300
223	0420	461	7025	Public Health Primary Care		110,700
Indigent Fund						
220	0000	490	0223	Operating Transfer Out / To Fund 223		144,215
220	0000	490	0232	Operating Transfer Out / To Fund 232		401
Affordable Housing						
231	1940	471	3001	I/S Mileage & Fares		120
231	1940	471	3002	O/S Mileage & Fares		500
231	1940	471	3003	I/S Meals & Lodging		150
231	1940	471	3004	O/S Meals & Lodging		700
TOTAL (if SUBTOTAL, check here <u>X</u>)						466,801

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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
EMS - Healthcare						
232	0421	461	3001	I/S Mileage & Fares		141
232	0421	461	3002	O/S Mileage & Fares		10
232	0421	461	3003	I/S Meals & Lodging		250
232	0474	461	1026	Term Employees		12,770
232	0474	461	2001	FICA - Regular		800
232	0474	461	2002	FICA - Medicare		200
232	0474	461	2003	Retirement Contributions		900
232	0474	461	2005	Healthcare		325
232	0474	461	2006	Retiree Healthcare		200
232	0474	461	2008	Worker's Comp.		10
232	0474	461	3001	I/S Mileage & Fares		441
232	0474	461	3002	O/S Mileage & Fares		1,216
232	0474	461	3003	I/S Meals & Lodging		1,000
232	0474	461	3004	O/S Meals & Lodging		1,500
232	0474	461	4006	Maintenance / Equipment	392	
232	0474	461	6003	Uniform / Linen Purchase	128	
232	0474	461	6090	Other Supplies	69	
TOTAL (if SUBTOTAL, check here X)					589	19,763

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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
232	0489	461	1026	Term Employees		9,700
232	0489	461	2001	FICA – Regular		800
232	0489	461	2002	FICA – Medicare		150
232	0489	461	2003	Retirement Contributions		1,900
232	0489	461	2005	Healthcare		4,200
232	0489	461	2006	Retiree Healthcare		100
232	0489	461	2008	Worker's Comp.		9
232	0489	461	3001	I/S Mileage & Fares		750
232	0489	461	3003	I/S Meals & Lodging		136
232	0489	461	3005	Gas & Oil		5,000
232	0489	461	4006	Maintenance / Equipment	150	
232	0489	461	7090	Misc. Operating Costs	803	
232	0000	490	0245	Operating Transfer Out / To Fund 245		19,254
EMS Health Hospital Fund						
234	0000	490	0232	Operating Transfer Out / To Fund 232		40,565
234	0000	490	0245	Operating Transfer Out / To Fund 245		19,254
Fire - Administration						
244	0801	421	3001	I/S Mileage & Fares		10,000
244	0801	421	3002	O/S Mileage & Fares		20,000
244	0801	421	3003	I/S Meals & Lodging		29,000
244	0801	421	3004	O/S Meals & Lodging		17,000
244	0000	490	0245	Operating Transfer Out / To Fund 245		19,254
TOTAL (if SUBTOTAL, check here <u>X</u>)					953	197,072

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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
RECC						
245	2101	461	3002	O/S Mileage & Fares		2,500
245	2101	461	3004	O/S Meals & Lodging		2,500
245	2101	461	3005	Gas & Oil		2,000
245	2101	461	4002	Maintenance / Contracts		4,157
245	2101	461	4004	Maintenance / Vehicles		1,000
245	2101	461	4005	Maintenance / Furniture & Fixtures		1,105
245	2101	461	5003	Professional Services		250
245	2101	461	5015	Software Licenses		500
245	2101	461	5090	Other Contractual Services		250
245	2101	461	6003	Uniforms / Linen Purchase		3,000
245	2101	461	6009	Educational Supplies		500
245	2101	461	8001	Buildings & Structures		40,000
TOTAL (if SUBTOTAL, check here X)						57,762

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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
County Sheriff						
246	1201	424	3005	Gas & Oil		38,300
246	1201	424	3006	In State Extradition		54,700
Corrections						
247	1801	426	1021	Exempt Employees		30,000
247	1801	426	1022	Permanent Employees		25,000
247	1801	426	2003	FICA - Regular		8,000
247	1801	426	3001	I/S Mileage & Fares		500
247	1801	426	3002	O/S Mileage & Fares		2,000
247	1801	426	3003	I/S Meals & Lodging		95
247	1801	426	3004	O/S Meals & Lodging		2,000
247	1801	426	5003	Professional Services		1,000
247	1801	426	6001	Inventory Exempt		1,000
247	1801	426	7003	Telephone		1,500
247	1801	426	7005	Gas & Heating Costs		1,500
247	1801	426	7033	Seminars & Workshops		2,500
247	1860	426	3001	I/S Mileage & Fares		1,000
247	1860	426	3002	O/S Mileage & Fares		1,181
247	1860	426	3003	I/S Meals & Lodging		2,000
247	1860	426	3005	Gas & Oil		1,500
TOTAL (if SUBTOTAL, check here X)						173,776

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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
247	1860	426	4001	Maintenance / Buildings & Structures		2,000
247	1860	426	4005	Maintenance / Furniture & Fixtures		3,146
247	1860	426	4006	Maintenance / Equipment		5,000
247	1860	426	4010	Maintenance / Pest Control		500
247	1860	426	5080	Care of Prisoners		11,000
247	1860	426	5082	Food Services		30,000
247	1860	426	7003	Telephone		5,000
247	1860	426	7005	Gas & Heating Costs		20,000
247	1860	426	7007	Water		10,000
247	1860	426	7032	Claims/Judgments/Settlements		3,000
247	1860	426	7033	Seminars & Workshops		9,500
247	1860	426	7039	Subscriptions & Dues		2,000
247	1863	426	1022	Permanent Employees		150,000
247	1863	426	2003	Retirement Contributions		75,000
247	1865	426	3001	I/S Mileage & Fares		100
247	1865	426	3002	O/S Mileage & Fares		150
247	1865	426	3003	I/S Meals & Lodging		100
247	1865	426	3004	O/S Meals & Lodging		150
247	1870	426	3001	I/S Mileage & Fares		920
247	1870	426	3002	O/S Mileage & Fares		1,282
247	1870	426	3003	I/S Meals & Lodging		1,088
247	1870	426	3004	O/S Meals & Lodging		502
TOTAL (if SUBTOTAL, check here)						330,438

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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
247	1870	426	3005	Gas & Oil		600
247	1870	426	6003	Uniforms / Linen Purchase		5,000
247	1870	426	6008	Field Supplies		1,000
247	1870	426	6009	Educational Supplies		1,000
247	1870	426	6010	Recreational Supplies		500
247	1870	426	6011	Inmate Clothing / Supplies		3,000
247	1870	426	7003	Telephone		15,000
247	1870	426	7005	Gas & Heating Costs		15,000
247	1870	426	7006	Garbage & Sewer		5,000
247	1870	426	7007	Water		5,000
247	1870	426	7033	Seminars & Workshops		1,000
Regional Planning Authority						
501	0508	414	3001	I/S Mileage & Fares		300
501	0508	414	3002	O/S Mileage & Fares		300
501	0508	414	3003	I/S Meals & Lodging		400
501	0508	414	3004	O/S Meals & Lodging		700
501	0508	414	3090	Other Travel		750
501	0508	414	6007	Office Supplies		1,000
501	0508	414	7001	Rent of Equipment / Machinery		450
501	0508	414	7003	Telephone		1,000
501	0508	414	7033	Seminars & Workshops		1,000
501	0508	414	7036	Postage & Mail		3,000
TOTAL (if SUBTOTAL, check here <u>X</u>)						61,000

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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
<i>Housing</i>						
517	1930	471	3001	I/S Mileage & Fares		60
517	1930	471	3002	O/S Mileage & Fares		237
517	1930	471	3003	I/S Meals & Lodging		948
517	1930	471	3004	O/S Meals & Lodging		876
TOTAL (if SUBTOTAL, check here ☒)						2,121
GRAND TOTAL					47,276	2,107,251

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Teresa Martinez **Dept/Div:** 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 for a budget decrease to various County funds in preparation of the revocation of the GRT "hold harmless" by the State of New Mexico.

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez Dept/Div: 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 X NO _____
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.
Gross Receipts Tax Revenue budgets are being reduced for all the affected funds.
 - 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

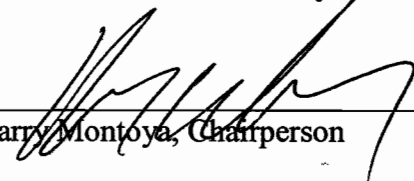
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 23rd day of February, 2010.

Santa Fe Board of County Commissioners


Harry Montoya, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 20

I Hereby Certify That This Instrument Was Filed for
Record On The 3RD Day Of March, 2010 at 09:38:31 AM
and Was Duly Recorded as Instrument # **1592286**
of The Records Of Santa Fe County

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

