

RESOLUTION 2012 - 168

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

Whereas, the Board of County Commissioners meeting in regular session on December 11, 2012, did request the following budget adjustment:

Department / Division: ASD / Risk Management Fund Name: General Fund (101)

Budget Adjustment Type: Budget Increase Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	385	0100	Budgeted Cash	\$100,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$100,000	

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	1517	412	7511	Insurance & Deductibles / Judgments & Settlements	\$100,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$100,000	

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: *Wren M. Ortega* Date: 12/10/12 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: CMO/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 increase to the General Fund (101) from cash carryover to fund the settlement agreement in the case of O'Brien and Santa Fe County vs. Mitchell.

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

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Teresa Martinez Dept/Div: CMO / 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 11th Day of December, 2012.

Santa Fe Board of County Commissioners

*Liz Stefarnes*  
Liz Stefarnes, Chairperson

ATTEST:

*Valerie Espinoza*  
Valerie Espinoza, County Clerk



Approved as to form  
Santa Fe County Attorney

By: *[Signature]*  
Date: 12-10-12



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 14TH Day Of December, 2012 at 03:01:29 PM And Was Duly Recorded as Instrument # 1690637 Of The Records Of Santa Fe County

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