

SANTA FE COUNTY

RESOLUTION 2013 - 22

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 26, 2013, did request the following budget adjustment:Department / Division: Various DepartmentsFund Name: General, Valuation, Road, Indigent Services, EMS-Healthcare,
Fire Operations, Emergency Communications, Law Enf. Operations,
Corrections Operations, and Water EnterpriseBudget Adjustment Type: Budget Transfer Between FundsFiscal 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
203	1111	390	0101	Operating Transfer In / From Fund 101	2,719	
204	0611	390	0101	Operating Transfer In / From Fund 101	6,253	
223	0420	390	0101	Operating Transfer In / From Fund 101	833	
232	0000	390	0101	Operating Transfer In / From Fund 101	1,001	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					10,806	

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	0303	412	1090	Salary & Wages / Other Salaries		82,213
101	0303	412	2090	Employee Benefits / Other Benefits		26,171
101	0000	490	0203	Operating Transfer Out / To Fund 203	2,719	
101	0000	490	0204	Operating Transfer Out / To Fund 204	6,253	
101	0000	490	0223	Operating Transfer Out / To Fund 223	833	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					9,805	108,384

Requesting Department Approval: Wanda Martinez Title: Finance Director Date: 2/14/13Finance Department Approval: Wanda Martinez Date: 2/14/13 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
244	0000	390	0101	Operating Transfer In / From Fund 101	25,279	
245	2101	390	0101	Operating Transfer In / From Fund 101	6,705	
246	1201	390	0101	Operating Transfer In / From Fund 101	22,705	
247	0000	390	0101	Operating Transfer In / From Fund 101	38,714	
505	0000	390	0101	Operating Transfer In / From Fund 101	4,175	
TOTAL (if SUBTOTAL, check here)					108,384	

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	0232	Operating Transfer Out / To Fund 232	1,001	
101	0000	490	0244	Operating Transfer Out / To Fund 244	25,279	
101	0000	490	0245	Operating Transfer Out / To Fund 245	6,705	
101	0000	490	0246	Operating Transfer Out / To Fund 246	22,705	
101	0000	490	0247	Operating Transfer Out / To Fund 247	38,714	
101	0000	490	0505	Operating Transfer Out / To Fund 505	4,175	
<i>Assessor / Valuation</i>						
203	1111	413	1022	Salary & Wages / Permanent Employees	2,113	
203	1111	413	2001	Employee Benefits / FICA - Regular	131	
203	1111	413	2002	Employee Benefits / FICA - Medicare	31	
203	1111	413	2003	Employee Benefits / Retirement Contributions	402	
203	1111	413	2006	Employee Benefits / Retiree Healthcare	42	
<i>Public Works / Road Maintenance</i>						
204	0611	451	1022	Salary & Wages / Permanent Employees	4,860	
204	0611	451	2001	Employee Benefits / FICA - Regular	301	
204	0611	451	2002	Employee Benefits / FICA - Medicare	70	
204	0611	451	2003	Employee Benefits / Retirement Contributions	925	
204	0611	451	2006	Employee Benefits / Retiree Healthcare	97	
TOTAL (if SUBTOTAL, check here X)					107,551	

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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
Community Services / Indigent						
223	0420	461	1022	Salary & Wages / Permanent Employees	648	
223	0420	461	2001	Employee Benefits / FICA - Regular	40	
223	0420	461	2002	Employee Benefits / FICA - Medicare	9	
223	0420	461	2003	Employee Benefits / Retirement Contributions	123	
223	0420	461	2006	Employee Benefits / Retiree Healthcare	13	
Community Services / EMS-Healthcare						
232	0421	413	1021	Salary & Wages / Exempt Employees	336	
232	0421	413	1022	Salary & Wages / Permanent Employees	266	
232	0421	413	2001	Employee Benefits / FICA - Regular	37	
232	0421	413	2002	Employee Benefits / FICA - Medicare	9	
232	0421	413	2003	Employee Benefits / Retirement Contributions	113	
232	0421	413	2006	Employee Benefits / Retiree Healthcare	12	
Community Services / Mobile Health Van						
232	0474	461	1026	Salary & Wages / Term Employees	176	
232	0474	461	2001	Employee Benefits / FICA - Regular	11	
232	0421	461	2002	Employee Benefits / FICA - Medicare	3	
232	0421	461	2003	Employee Benefits / Retirement Contributions	34	
232	0421	461	2006	Employee Benefits / Retiree Healthcare	4	
Public Safety / Fire						
244	0121	421	1022	Salary & Wages / Permanent Employees	220	
244	0121	421	2001	Employee Benefits / FICA - Regular	14	
TOTAL (if SUBTOTAL, check here X)					2,068	

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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
244	0121	421	2002	Employee Benefits / FICA - Medicare	3	
244	0121	421	2003	Employee Benefits / Retirement Contributions	42	
244	0121	421	2006	Employee Benefits / Retiree Healthcare	4	
244	0801	421	1021	Salary & Wages / Exempt Employees	431	
244	0801	421	1022	Salary & Wages / Permanent Employees	4,841	
244	0801	421	2001	Employee Benefits / FICA - Regular	327	
244	0801	421	2002	Employee Benefits / FICA - Medicare	76	
244	0801	421	2003	Employee Benefits / Retirement Contributions	1,395	
244	0801	421	2006	Employee Benefits / Retiree Healthcare	119	
244	0811	422	1022	Salary & Wages / Permanent Employees	12,405	
244	0811	422	2001	Employee Benefits / FICA - Regular	769	
244	0811	422	2002	Employee Benefits / FICA - Medicare	180	
244	0811	422	2003	Employee Benefits / Retirement Contributions	4,143	
244	0811	422	2006	Employee Benefits / Retiree Healthcare	310	
Public Safety / RECC						
245	2101	461	1021	Salary & Wages / Exempt Employees	488	
245	2101	461	1022	Salary & Wages / Permanent Employees	4,723	
245	2101	461	2001	Employee Benefits / FICA - Regular	323	
245	2101	461	2002	Employee Benefits / FICA - Medicare	76	
245	2101	461	2003	Employee Benefits / Retirement Contributions	991	
245	2101	461	2006	Employee Benefits / Retiree Healthcare	104	
TOTAL (if SUBTOTAL, check here X)					31,750	

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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
<i>County Sheriff</i>						
246	1201	424	1021	Salary & Wages / Exempt Employees	743	
246	1201	424	1022	Salary & Wages / Permanent Employees	16,627	
246	1201	424	2001	Employee Benefits / FICA - Regular	352	
246	1201	424	2002	Employee Benefits / FICA - Medicare	252	
246	1201	424	2003	Employee Benefits / Retirement Contributions	4,325	
246	1201	424	2006	Employee Benefits / Retiree Healthcare	406	
<i>Public Safety / Corrections</i>						
247	0121	426	1021	Salary & Wages / Exempt Employees	390	
247	0121	426	2001	Employee Benefits / FICA - Regular	24	
247	0121	426	2002	Employee Benefits / FICA - Medicare	6	
247	0121	426	2003	Employee Benefits / Retirement Contributions	74	
247	0121	426	2006	Employee Benefits / Retiree Healthcare	8	
247	1801	426	1021	Salary & Wages / Exempt Employees	525	
247	1801	426	1022	Salary & Wages / Permanent Employees	2,037	
247	1801	426	2001	Employee Benefits / FICA - Regular	159	
247	1801	426	2002	Employee Benefits / FICA - Medicare	37	
247	1801	426	2003	Employee Benefits / Retirement Contributions	487	
247	1801	426	2006	Employee Benefits / Retiree Healthcare	51	
TOTAL (if SUBTOTAL, check here X)					26,503	

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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
247	1860	426	1021	Salary & Wages / Exempt Employees	709	
247	1860	426	1022	Salary & Wages / Permanent Employees	14,868	
247	1860	426	2001	Employee Benefits / FICA - Regular	966	
247	1860	426	2002	Employee Benefits / FICA - Medicare	226	
247	1860	426	2003	Employee Benefits / Retirement Contributions	2,961	
247	1860	426	2006	Employee Benefits / Retiree Healthcare	312	
247	1862	426	1022	Salary & Wages / Permanent Employees	646	
247	1862	426	2001	Employee Benefits / FICA - Regular	40	
247	1862	426	2002	Employee Benefits / FICA - Medicare	9	
247	1862	426	2003	Employee Benefits / Retirement Contributions	123	
247	1862	426	2006	Employee Benefits / Retiree Healthcare	13	
247	1863	426	1021	Salary & Wages / Exempt Employees	1,248	
247	1863	426	1022	Salary & Wages / Permanent Employees	4,987	
247	1863	426	2001	Employee Benefits / FICA - Regular	387	
247	1863	426	2002	Employee Benefits / FICA - Medicare	90	
247	1863	426	2003	Employee Benefits / Retirement Contributions	1,185	
247	1863	426	2006	Employee Benefits / Retiree Healthcare	125	
247	1865	426	1022	Salary & Wages / Permanent Employees	1,301	
247	1865	426	2001	Employee Benefits / FICA - Regular	81	
247	1865	426	2002	Employee Benefits / FICA - Medicare	19	
247	1865	426	2003	Employee Benefits / Retirement Contributions	247	
247	1865	426	2006	Employee Benefits / Retiree Healthcare	26	
TOTAL (if SUBTOTAL, check here X)					30,569	

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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
247	1870	426	1022	Salary & Wages / Permanent Employees	3,379	
247	1870	426	2001	Employee Benefits / FICA - Regular	209	
247	1870	426	2002	Employee Benefits / FICA - Medicare	49	
247	1870	426	2003	Employee Benefits / Retirement Contributions	642	
247	1870	426	2006	Employee Benefits / Retiree Healthcare	68	
Public Works / Utilities						
505	1410	444	1021	Salary & Wages / Exempt Employees	403	
505	1410	444	1022	Salary & Wages / Permanent Employees	1,751	
505	1410	444	2001	Employee Benefits / FICA - Regular	134	
505	1410	444	2002	Employee Benefits / FICA - Medicare	31	
505	1410	444	2003	Employee Benefits / Retirement Contributions	410	
505	1410	444	2006	Employee Benefits / Retiree Healthcare	43	
505	1420	445	1022	Salary & Wages / Permanent Employees	1,090	
505	1420	445	2001	Employee Benefits / FICA - Regular	68	
505	1420	445	2002	Employee Benefits / FICA - Medicare	16	
505	1420	445	2003	Employee Benefits / Retirement Contributions	207	
505	1420	445	2006	Employee Benefits / Retiree Healthcare	22	
TOTAL (if SUBTOTAL, check here)					216,768	108,384
NET INCREASE TO EXPENDITURES (\$216,768 Increase Less \$108,384 Decrease)					108,384	

SANTA FE COUNTY

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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.
This request transfers funds from the General Fund to various funds (via inter-fund transfers) for the personnel salaries and benefits expenditure of the February 1, 2013 implementation of the 1% salary adjustments for Santa Fe County employees. These increases were budgeted in the General Fund for FY 2013 and this request is to transfer the actual expenditures from the General Fund to various non-grant funds.

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: 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 a result of Commission action? YES X NO _____
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
The 1% salary increase was approved as part of the FY2013 Final Budget at the May 29, 2012 BCC Meeting.
 - 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 26th Day of February, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk 2/26/13



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 10
I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of February, 2013 at 03:11:32 PM
And Was Duly Recorded as Instrument # 1697785
Of The Records Of Santa Fe County
Deputy *Marcella Palmer* Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM