SANTA FE COUNTY

RESOLUTION 2014 - 012

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

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

Department / Division: CSD/Health Administration & PSD/Corrections Fund Name: EMS Services Fund (232) & Corrections Ops Fund (247)

Budget Adjustment Type: Budget Increase Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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
247	1860	390	0232	Operating Transfer In From EMS Health	$33,366	
TOTAL (if SUBTOTAL, check here ____)					**$33,366**	

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	0000	490	0247	Operating Transfer Out To Corrections Ops Fund	33,366	
232	0421	461	5003	CSD/Health Admin/Professional Services		$33,366
247	1860	426	1022	PSD/Corrections/ADF-Permanent Employees	21,312	
247	1860	426	2001	PSD/Corrections/ADF-FICA Regular	1,321	
247	1860	426	2002	PSD/Corrections/ADF-FICA Medicare	309	
TOTAL (if SUBTOTAL, check here x)					**$56,308**	**$33,366**

Requesting Department Approval: _____ **Title:** _____ _____ **Date:** _____

Finance Department Approval: [signature] **Date:** 1/13/14 **Entered by:** _____ **Date:** _____

County Manager Approval: [signature] **Date:** 1·28·14 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

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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	2003	PSD/Corrections/ADF-Retiement Contributions	$4,292	
247	1860	426	2005	PSD/Corrections/ADF-Health Care	$5,706	
247	1860	426	2006	PSD/Corrections/ADF-Retirement Health Care	$426	
				Subtotal This Page	$10,424	
TOTAL (if SUBTOTAL, check here ____)					$66,732	$33,366

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Rachel O'Connor **Dept/Div:** CSD/Health Administration **Phone No.:** 505-992-9842

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 transfer will fund a new Re-Entry Specialist which will be working at the Adult Detention Facility to assist inmates who are departing the Santa Fe County jail in transitioning into the community. Such assitance includes: assisting with medicaid enrollment, developing a system for discharge planning to provide inmates with knowledge about community based support services, implementation of opioid overdose prevention education and other health related aftercare needs.
-

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
1022	Fund position from Health Fund	Permanent	Re-Entry Specialist

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:** Rachel O'Connor **Dept/Div:** CSD/Health Administration **Phone No.:** 505-992-9842

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 XX
    If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES _____ 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 an award letter and proposed budget
  - c) Is this request is a result of Commission action? YES _____ NO XX
    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.

SANTA FE COUNTY

RESOLUTION 2014 - 012

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 28th Day of January, 2014.

Santa Fe Board of County Commissioners

Daniel W. Mayfield, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

1-28-2014

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

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 29TH Day Of January, 2014 at 03:53:47 PM And Was Duly Recorded as Instrument # 1728795 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM

Deputy Marcella