

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 24, 2015, did request the following budget adjustment:

Department / Division: CMO/Finance for Various Departments Fund Name: General Fund (101), Fire Tax 1/2% (222), Fire Operations (244),
Emergency Communications (245), Water Enterprise (505)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)
& Corrections Operations Fund (247)

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	0501	Property Tax / Current	\$135,000	
222	0000	385	0200	Budgeted Cash	\$452,155	
244	0000	311	0200	Gross Receipts Taxes	\$61,400	
244	0814	372	0000	Grants / Federal		\$50,978
TOTAL (if SUBTOTAL, check here X)					\$648,555	\$50,978

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	0501	412	7505	Insurance & Deductibles/Prof. Liability Premiums	\$30,000	
101	0602	441	2005	Employee Benefits / Healthcare	\$5,000	
101	1517	412	7514	Insurance & Deductibles/Property Ins. Deduct.	\$100,000	
222	0821	422	5003	Services / Contractual Services	\$25,000	
222	0821	422	8095	Capital Purchases / Inventory Exempt-Computers	\$4,726	
TOTAL (if SUBTOTAL, check here X)					\$164,726	

Requesting Department Approval: Shane Merly Title: Finance Director Date: 2/17/15

Finance Department Approval: Shane Merly Date: 2/17/15 Entered by: _____ Date: _____

County Manager Approval: Robert J. Pardo Date: 2/24/15 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
245	2101	385	0200	Budgeted Cash	\$19,650	
247	0000	385	0200	Budgeted Cash	\$100,000	
505	1410	342	0500	Charges for Services / Residential Usage	\$17,640	
TOTAL (if SUBTOTAL, check here)					\$785,845	\$50,978

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
222	0837	422	8001	Capital Purchases / Buildings & Structures	\$20,000	
222	8012	422	4001	Maintenance / Buildings & Structures	\$100,000	
222	8012	422	8001	Capital Purchases / Buildings & Structures	\$277,429	
222	8012	422	8002	Capital Purchases / Bldg Capital Cont. Svcs	\$25,000	
244	0801	421	2005	Employee Benefits / Healthcare	\$61,400	\$31,791
244	0814	422	1026	Salary & Wages / Term Employees		\$3,549
244	0814	422	2003	Employee Benefits / Retirement Contributions		\$16,371
244	0814	422	2005	Employee Benefits / Healthcare		\$455
244	0814	422	2006	Employee Benefits / Retiree Healthcare		\$195
244	0814	422	2008	Employee Benefits / Workers Comp.		
244	0814	422	3004	Travel / Out-of-State Travel	\$3,089	
244	0814	422	5003	Services / Contractual Services		\$44,887
244	0814	422	5090	Services / Other Services	\$3,715	
244	0814	422	6007	Supplies / Operational Supplies	\$6,541	
244	0814	422	6009	Supplies / Educational Supplies	\$2,111	
244	0814	422	6012	Supplies / Food Provisions	\$3,000	
244	0814	422	7002	Other Operating Costs / Rent of Land/Building	\$3,000	
TOTAL (if SUBTOTAL, check here X)					\$505,285	\$97,248

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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
244	0814	422	7033	Other Operating Costs / Seminars & Workshops	\$5,200	
244	0814	422	7037	Other Operating Costs / Printing/Publishing/Ads	\$26,000	
244	0814	422	8009	Capital Purchases / Vehicles		\$8,386
244	0814	422	8099	Capital Purchases / Inventory Exempt	\$2,000	
245	2101	461	8016	Capital Purchases / Computer Software	\$4,200	
245	2101	461	8095	Capital Purchases / Inventory Exempt-Computers	\$12,600	
245	2101	461	8099	Capital Purchases / Inventory Exempt	\$2,850	
247	1860	426	4001	Maintenance / Buildings & Structures	\$100,000	
505	1410	444	8003	Capital Purchases / Equipment & Machinery	\$11,900	
505	1410	444	8095	Capital Purchases / Inventory Exempt-Computers	\$3,094	
505	1420	445	8003	Capital Purchases / Equipment & Machinery	\$2,100	
505	1420	445	8095	Capital Purchases / Inventory Exempt-Computers	\$546	
TOTAL (if SUBTOTAL, check here)					\$840,501	\$105,634

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 986-6321

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.
 The purpose of this resolution is to adjust various funds' budgets based upon needs as discussed during mid-year budget reviews with Elected Offices and Departments countywide. These changes include: insurance premiums for Land Use coverage and Land Use Civil Rights coverage, additional funding for property insurance deductibles, health insurance for temporary employees in Fire and Public Works per the Affordable Care Act, Agua Fria Fire Station renovations, FEMA Mitigation Plan, SFC grant match for Stanley Water Project, (6) laptop computers for Fire staff, decrease of budget to realign for FEMA SAFER grant, roof repairs for the Adult Facility and capital items for RECC and Water /Wastewater divisions. Request is also to increase (3) part-time positions to full-time for the Senior Services program. This expansion will be covered through vacancy savings for FY2015.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-0489-461	Reclassify Senior Companion Prog. Coord . Driver and increase from .5 to 1.0 FTE	Term	Driver
101-0490/101-0492	Increase from .5 to 1.0 FTE	Term	Driver/Cook's Assistant
101-0490/101-0492	Increase from .5 to 1.0 FTE	Term	Cook's Assistant

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
222-0821-422-5003	FEMA Mitigation Plan	\$25,000
222-0821-422-8095	(6) laptop computers for Fire Admin. staff	\$4,726
222-0837-422-8001	SFC grant match for Stanley Water Project	\$20,000
222-8012-422-8001	Agua Fria Fire Station Renovations	\$302,429
244-0814-422-8099	Vehicle Graphics	\$2,000
245-2101-461-8016	LG/Geoblade Vantage Point	\$4,200
245-2101-461-8095	Computers, printer	\$12,600
245-2101-461-8099	Dispatch chairs	\$2,850
505-1410-444-8003	Wastewater pump for Valle Vista lift station, Truck-mounted air compressor/welder	\$14,000
505-1410-444-8095	Printer/copier, (1) computer, (2) laptops	\$3,640

- 2) Is the budget action for RECURRING expense or for NON-RECURRING (one-time only) expense

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 986-6321

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 _____
If YES, cite statute and attach a copy.

General Fund – property taxes, Fire Tax 1/2% - cash, Water Enterprise – charges for services, Emergency Communications - cash

- 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.
SAFER Grant EMW-2009-FF-00453

- 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 24th Day of February, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chairperson

ATTEST:

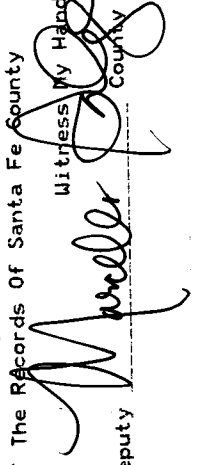

Geraldine Salazar, County Clerk 2-24-2015



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 26TH Day Of February, 2015 at 11:34:04 AM And Was Duly Recorded as Instrument # 1758288 Of The Records Of Santa Fe County

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