

SANTA FE COUNTY

RESOLUTION 2019 - 81

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

Whereas, the Board of County Commissioners meeting in regular session on June 25, 2019, did request the following budget adjustment:

Department / Division: CMO/ Finance Fund Name: Self Insurance Fund (601)

Budget Adjustment Type: Increase Funding Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

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
601	0000	345	0100	Self Insurance Fund/Medical	\$ 3,486,104	
TOTAL (if SUBTOTAL, check here )					\$ 3,486,104	\$ -

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
601	0000	412	20-21	Self Insurance Fund/Claims	\$ 3,486,104	
TOTAL (if SUBTOTAL, check here )					\$ 3,486,104	

Requesting Department Approval: E. Shomnes Title: Budget Administrator Date: 6/12/19

Finance Department Approval: [Signature] Date: 6/21/19 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 6-17-19 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

SFC CLERK RECORDED 06/28/2019

Log # 1633

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Erika Thomas Dept/Div: CMO/Finance Phone No.: 505-986-6321

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.

In January of 2017, Santa Fe County began maintaining and operating its own self-insurance fund to provide sustainable and cost effective health insurance to Santa Fe County employees. Annually, the budget is calculated based on estimates from the insurance broker and prior year usage. FY 2018 was the first full year claims and revenue for this fund. The estimated amount requested is to maintain the fund in line with current year revenue and expenditures.

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	Amount

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

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DEPARTMENT CONTACT:

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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, please cite and attach a copy of statute.

b) Does this include state or federal funds? YES \_\_\_ NO XX

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 xxxx

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.

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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 25<sup>th</sup> Day of Jun, 2019.

Santa Fe Board of County Commissioners

*Anna Hamilton*  
Anna Hamilton, Chairperson



ATTEST:

*Geraldine Salazar*  
Geraldine Salazar, County Clerk



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 June, 2019 at 09:44:06 AM  
This Was Duly Recorded as Instrument # 1889708  
The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy County Clerk, Santa Fe, NM  
*E. Steller*  
*Martinez*