SANTA FE COUNTY

RESOLUTION 2008 - 134

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

Whereas, the Board of County Commissioners meeting in regular session on August 26, 2008, did request the following budget adjustment:

Department / Division: Regional Planning Authority

Fund Name: Regional Planning Authority Fund (501)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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
501	0508	380	0100	Joint Powers Agreement	70,000	
501	0508	385	0500	Budgeted Cash	70,000	
TOTAL (if SUBTOTAL, check here ____)					140,000	

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
501	0508	414	1021	Salary & Wages / Exempt Employees	40,157	
501	0508	414	1090	Salary & Wages / Other Wages	3,915	
501	0508	414	2001	Employee Benefits / FICA – Regular	4,995	
501	0508	414	2002	Employee Benefits / FICA – Medicare	1,168	
TOTAL (if SUBTOTAL, check here X)					50,235	

Requesting Department Approval: Brent Martinez **Title:** Finance Director **Date:** 8/18/08

Finance Department Approval: _____ **Date:** _____ **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
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
501	0508	414	2003	Employee Benefits / Retirement Contributions	15,397	
501	0508	414	2005	Employee Benefits / Health Care	6,965	
501	0508	414	2006	Employee Benefits / Retiree Health Care	1,053	
501	0508	414	3001	Travel / In State Mileage & Fares	300	
501	0508	414	3002	Travel / Out of State Mileage & Fares		200
501	0508	414	3003	Travel / In State Meals & Lodging	400	
501	0508	414	3004	Travel / Out of State Meals & Lodging	700	
501	0508	414	3090	Travel / Other Travel	750	
501	0508	414	5003	Contractual Services / Professional Services	40,000	
501	0508	414	5090	Contractual Services / Other Contractual Services		1,000
501	0508	414	6001	Supplies / Inventory Exempt	900	
501	0508	414	6007	Supplies / Office Supplies	1,600	
501	0508	414	7001	Other Operating Costs / Rent of Equipment	1,500	
501	0508	414	7002	Other Operating Costs / Rent of Land/Buildings	500	
501	0508	414	7003	Other Operating Costs / Telephone	1,500	
TOTAL (if SUBTOTAL, check here X)					71,565	1,200

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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
501	0508	414	7033	Other Operating Costs / Seminars & Workshops	1,500	
501	0508	414	7036	Other Operating Costs / Postage & Mail	4,000	
501	0508	414	7037	Other Operating Costs / Printing/Publishing	1,900	
501	0508	414	7039	Other Operating Costs / Subscriptions & Dues	1,000	
501	0508	414	7041	Other Operating Costs / Reporting & Recording	6,500	
501	0508	414	8004	Capital Purchases / Furniture & Fixtures	1,500	
501	0508	414	8015	Capital Purchases / Computers & Peripherals	3,000	
TOTAL (if SUBTOTAL, check here ____)					141,200	1,200

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Paul Griffin **Dept/Div:** ASD / 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.
  Request is to increase the Regional Planning Authority fiscal year 2009 budget by $70,000 from the City of Santa Fe and $70,000 from Santa Fe County. An interim budget of $60,000 was setup for fiscal year 2009 until an agreement with the City of Santa Fe was provided pledging $100,000 for the RPA program.

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
5003	Planning and GIS services	$40,000
5015	Update GIS license for RPA	$1,000
8004	Furniture	$1,500
8015	Computer	$3,000

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

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DEPARTMENT CONTACT:

Name: Paul Griffin **Dept/Div:** ASD / 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 __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 _____
    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 26th Day of August, 2008.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of August, A.D., 2008 at 11:24 And Was Duly Recorded as Instrument # 1536386 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy _____ County Clerk, Santa Fe, NM