

SANTA FE COUNTY

RESOLUTION 2009 - 104

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

Whereas, the Board of County Commissioners meeting in regular session on March 31st, 2009, did request the following budget adjustment:

Department / Division: Community Services/Property Control

Fund Name: General Fund

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
101	2202	341	1300	Women's Health/Charges for Services/Property Rental	37,582.78	
TOTAL (if SUBTOTAL, check here)					37,582.78	

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	2202	415	1026	Employee Benefits - Salaries & Wages/Term Position	27,040	
101	2202	415	2001	Employee Benefits - FICA - Regular	1,676.48	
101	2202	415	2002	Employee Benefits - FICA - Medicare	392.08	
101	2202	415	2003	Employee Benefits - Retirement Contribution	5,140.30	
TOTAL (if SUBTOTAL, check here X)					34,248.86	

Requesting Department Approval: Joseph Gutierrez, Joe M. Title: Director, Community Services Date: March 9, 2009

Finance Department Approval: Joseph M. Martinez Date: 3/23/09 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
101	2202	415	2005	Employee Benefits – Health Care	2,974.40	
101	2202	415	2006	Employee Benefits – Retirement Health Care	351.52	
101	2202	415	2008	Employee Benefits – Workers Comp (Assessment)	8.00	
TOTAL (if SUBTOTAL, check here)					37,582.78	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Pamela Lindstam Dept/Div: Community Services/Administration Phone No.: 992-9860

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 request is to move funds from account #101-2235-341-1300 from the Women's Health Center property rentals into accounts #101-2202-415-1026-\$27,040; #101-2202-415-2001-\$1,676.48; #101-2202-415-2002-\$392.08; #101-2202-415-2003-\$5,140.30; #101-2202-415-2005-\$2,974.40; #101-2202-415-2006-\$351.52; #101-2202-415-2008-\$8.00 in order to fund the Maintenance I term position for Daniel Lucero for the remainder of fiscal year 2009.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-2202-415-1026	Add	Term	Maintenance Technician I

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 _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam

Dept/Div: Community Services/Administration

Phone No.: 992-9860

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 – Yes General Fund (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 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.

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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 31 Day of March, 2009.

Santa Fe Board of County Commissioners

Michael D. Anaya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of April, 2009 at 01:12:59 PM And Was Duly Recorded as Instrument # 1557734 Of The Records Of Santa Fe County

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