SANTA FE COUNTY

RESOLUTION 2016 - 97

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

Whereas, the Board of County Commissioners meeting in regular session on September 13, 2016, did request the following budget adjustment:

Department / Division: Corrections / Medical Services

Fund Name: General Fund (101) and Corrections Operations Fund (247)

Budget Adjustment Type: Transfer Between Funds

Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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	1863	390	0101	Operating Transfer In / From Fund 101	$134,000	
TOTAL (if SUBTOTAL, check here ____)					$134,000	

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
101	0000	490	0247	Operating Transfer Out / To Fund 247	$134,000	
101	0303	412	7513	Insurance & Deductibles / Auto Insurance Deduct.		$134,000
247	1863	426	7510	Insurance & Deductibles / Malpractice Insurance	$134,000	
TOTAL (if SUBTOTAL, check here ____)					$268,000	$134,000

Requesting Department Approval: Mark Hutsan **Title:** Risk Manager **Date:** 8/26/16

Finance Department Approval: Dan May **Date:** 8/26/16 **Entered by:** _____ **Date:** _____

8/26/16

County Manager Approval: Katherine Miller **Date:** 9-13-16 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2016 - 97

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Don Moya **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.
  Request is to transfer $134,000 from the General Fund set-aside budget to the Corrections / Medical Services division for additional funding needed for the medical malpractice insurance. The actual premium cost for medical malpractice insurance was higher than the estimated budget for FY 2017.

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

- 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: Don Moya **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 __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.
    There are no other funding sources to match this request.

SANTA FE COUNTY

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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 13th Day of September, 2016.

Santa Fe Board of County Commissioners

Miguel M. Chavez

Miguel M. Chavez, Chairperson

ATTEST:

Geraldine Salazar

Geraldine Salazar, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

BCC RESOLUTIONS
COUNTY OF SANTA FE) PAGES: 4
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 14TH Day Of September, 2016 at 10:30:44 AM
And Was Duly Recorded as Instrument # 1804400
Of The Records Of Santa Fe County

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

COUNTY CLERK GERALDINE SALAZAR SANTA FE COUNTY NEW MEXICO

SFC CLERK RECORDED 09/14/2016