SANTA FE COUNTY

RESOLUTION 2017 - 20

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 28, 2017, did request the following budget adjustment:

Department / Division: CMO/Finance for Various Departments

Fund Name: General Fund (101), Road Fund (204) Indigent Services Fund (223) Alcohol Programs Fund (241) and Fire Operations Fund (244)

Budget Adjustment Type: Budget Increase

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
101	0000	385	0100	General Fund/Budgeted Cash	7,500	
101	0000	311	0501	General Fund/Property Taxes-Current	79,829	
204	0000	390	0101	Road Fund Transfer In/From Gen. Fund	169,034	
223	0000	385	0000	Indigent Services Fund/Budgeted Cash	8,821	
241	0409	390	0101	Alcohol Prog. Fund Transfer In/From Gen. Fund	7,500	
244	0811	341	1700	Fire Operations Fund/Ambulance Charges	91,278	
TOTAL (if SUBTOTAL, check here ____)					363,962	

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	0730	412	7002	PW/Bldg Space Needs – Rent of Land/Buildings	9,600	
101	0730	412	7007	PW/Bldg Space Needs – Water	32,100	
101	7001	412	7007	CSD/Pojoaque Satellite Office - Water	2,200	
101	0726	434	7007	PW/Open Space - Water	5,000	
TOTAL (if SUBTOTAL, check here X)					48,900	

Requesting Department Approval: Jon W. Moya **Title:** Finance Director **Date:** 2/23/17

Finance Department Approval: Jon W. Moya **Date:** 2/23/17 **Entered by:** _____ **Date:** _____

County Manager Approval: Katherine Miller **Date:** 2·28·17 **Updated by:** _____ **Date:** _____

SFC CLERK RECORDED 03/01/2017

SANTA FE COUNTY

RESOLUTION 2017 20

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	0502	414	1022	GM/Planning – Classified Employees	810	
101	0502	414	2001	GM/Planning – FICA/Regular	50	
101	0502	414	2002	GM/Planning – FICA/Medicare	12	
101	0502	414	2003	GM/Planning – Retirement Contributions	166	
101	0502	414	2006	GM/Planning – Retiree Healthcare	16	
101	0514	412	1022	GM/GIS – Classified Employees	1,366	
101	0514	412	2001	GM/GIS – FICA/Regular	85	
101	0514	412	2002	GM/GIS – FICA/Medicare	20	
101	0514	412	2003	GM/GIS – Retirement Contributions	281	
101	0514	412	2006	GM/GIS – Retiree Healthcare	27	
101	0516	414	1022	GM/Bldg & Development – Classified Employees	930	
101	0516	414	2001	GM/Bldg & Development – FICA/Regular	58	
101	0516	414	2002	GM/Bldg & Development – FICA/Medicare	13	
101	0516	414	2003	GM/Bldg & Development – Retirement Contrib.	191	
101	0516	414	2006	GM/Bldg & Development – Retiree Healthcare	19	
TOTAL (if SUBTOTAL, check here X)					4,044	

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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	0102	411	1001	CMO/Commission – Elected Officials	6,912	
101	0102	411	2001	CMO/Commission – FICA/Regular	429	
101	0102	411	2002	CMO/Commission – FICA/Medicare	100	
101	0102	411	2003	CMO/Commission – Retirement Contributions	1,420	
101	0102	411	2006	CMO/Commission – Retiree Healthcare	138	
101	1001	418	1001	County Treasurer – Elected Officials	4,913	
101	1001	418	1021	County Treasurer – Exempt Employees	1,144	
101	1001	418	2001	County Treasurer – FICA/Regular	376	
101	1001	418	2002	County Treasurer – FICA/Medicare	88	
101	1001	418	2003	County Treasurer – Retirement Contributions	1,244	
101	1001	418	2006	County Treasurer – Retiree Healthcare	121	
101	0901	416	1001	County Clerk – Elected Officials	4,913	
101	0901	416	2001	County Clerk – FICA/Regular	305	
101	0901	416	2002	County Clerk – FICA/Medicare	71	
101	0901	416	2003	County Clerk – Retirement Contributions	1,009	
101	0901	416	2006	County Clerk – Retiree Healthcare	98	
TOTAL (if SUBTOTAL, check here X)					23,281	

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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	0101	412	1022	CMO/Admin. – Classified Employees	2,768	
101	0101	412	2001	CMO/Admin. – FICA/Regular	172	
101	0101	412	2002	CMO/Admin. – FICA/Medicare	40	
101	0101	412	2003	CMO/Admin. – Retirement Contributions	569	
101	0101	412	2006	CMO/Admin. – Retiree Healthcare	55	
101	0000	490	0241	Gen. Fund Transfer Out to Alcohol Programs Fund	7,500	
101	0000	490	0204	Gen. Fund Transfer Out to Road Fund	*$169,034*	
101	0303	412	7090	Gen. Fund/Non-Department/Other Operating Misc		$169,034
				Subtotal General Fund	***180,138***	
204	0611	451	7001	PW/Road Maint. – Rent of Equipment	169,034	
				Subtotal Road Fund	***169,034***	
223	0420	461	1026	CSD/Indigent – Term Employees	6,775	
223	0420	461	2001	CSD/Indigent – FICA/Regular	420	
223	0420	461	2002	CSD/Indigent – FICA/Medicare	98	
223	0420	461	2003	CSD/Indigent – Retirement Contributions	1,392	
223	0420	461	2006	CSD/Indigent – Retiree Healthcare	136	
				Subtotal Indigent Services Fund	***8,821***	
TOTAL (if SUBTOTAL, check here X)					$357,993	$169,034

SANTA FE COUNTY

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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
241	0409	464	5003	CSD/Teen Court – Contractual/Professional	7,500	
244	0801	421	1022	Fire/Admin. – Classified Employees	54,880	
244	0801	421	2001	Fire/Admin. – FICA/Regular	3,403	
244	0801	421	2002	Fire/Admin. – FICA/Medicare	796	
244	0801	421	2003	Fire/Admin. – Retirement Contributions	19,169	
244	0801	421	2005	Fire/Admin. - Healthcare	11,658	
244	0801	421	2006	Fire/Admin. – Retiree Healthcare	1,372	
				Subtotal Fire Operations Fund	***91,278***	
TOTAL (if SUBTOTAL, check here ____)					**$532,996**	**$169,034**
NET EXPENDITURE INCREASE/(DECREASE)					**$363,962**	

SANTA FE COUNTY

RESOLUTION 2017 - 20

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Don Moya **Dept/Div:** CMO/Finance **Phone No.:** 986-6375

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 Officials and Departments countywide. Additionally, a few adjustments are needed to correctly budget items that were previously budgeted incorrectly or inadvertently not budgeted in the original budget. These changes include: rent increase for Pojoaque Satellite office, additional funding for water for various county facilities, increase to the operating transfer from the General Fund to Teen Court, salary adjustments for various employees, additional funding for rental of equipment for Road maintenance, and additional ambulance revenues received to fund a Fire Training Shift Captain.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
101-0101-412	Incorrect hourly budgeted	Permanent	Administrative Assistant
101-0102-411	New salary for newly elected Commissioners (3)	Elected Officials	County Commissioners
101-0502-414	Salary adjustment	Permanent	Community Planner
101-0516-414	Salary adjustment	Permanent	Bldg & Development Manager
101-0514-412	Increase to hourly	Permanent	GIS Supervisor
101-1001-418	New salary for County Treasurer (new term)	Elected Official	County Treasurer
101-1001-418	Salary adjustment	Exempt	Deputy County Treasurer
101-0901-416	New salary for County Clerk (new term)	Elected Official	County Clerk
223-0420-461	Salary adjustment	Term	Program Manager

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
241-0409-464-5003	Additional funding for contractual/professional services for Teen Court	$7,500

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

SANTA FE COUNTY

RESOLUTION 2017 -20

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Don Moya **Dept/Div:** CMO/Finance **Phone No.:** 986-6375

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 28th Day of February, 2017.

Santa Fe Board of County Commissioners

Henry P. Roybal, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

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 1ST Day Of March, 2017 at 10:03:22 AM And Was Duly Recorded as Instrument # 1818867 Of The Records Of Santa Fe County

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

COUNTY CLERK GERALDINE SALAZAR SANTA FE COUNTY NEW MEXICO

SFC CLERK RECORDED 03/01/2017