

SANTA FE COUNTY

Page 1 of 4RESOLUTION 2010 - 175

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 28, 2010, did request the following budget adjustment:

Department / Division: Community Services / RECCFund Name: Emergency Communications Operations Fund (245)Budget Adjustment Type: Budget IncreaseFiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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
245	2101	385	0200	Budgeted Cash	\$20,000	
TOTAL (if SUBTOTAL, check here)					\$20,000	

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
245	2101	461	5081	Contractual Services / Medical Services	\$20,000	
TOTAL (if SUBTOTAL, check here)					\$20,000	

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: *Wren M. Martinez* Date: 9/18/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

Page 2 of 4RESOLUTION 2010 - 175*ATTACH ADDITIONAL SHEETS IF NECESSARY.*DEPARTMENT CONTACT: Name: Ken Martinez Dept/Div: CSD / RECC Phone No.: 992-3096

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.
Requesting an increase to the Emergency Communications Operations Fund (245) to budget available cash balance for the Fiscal Year 2011 RECC Medical Director contract (originally included in, but no longer part of the Sole Community Provider Agreement with Christus St. Vincent Regional Medical Center).

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
5081	Medical Director Services for RECC	\$20,000

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

SANTA FE COUNTY
RESOLUTION 2010 - 175

Page 3 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ken Martinez Dept/Div: _____ Phone No.: _____

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
RESOLUTION 2010 - 175

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 September, 2010.

Santa Fe Board of County Commissioners



Harry B. Montoya, Chairperson

ATTEST:



Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of September, 2010 at 12:16:20 PM
And Was Duly Recorded as Instrument # 1612266
Of The Records Of Santa Fe County
Deputy  _____
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM