

SANTA FE COUNTY

RESOLUTION 1999 - 147

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

Whereas, the Board of County Commissioners meeting in regular session on 11/30/99, did request the following budget adjustment:

1712699

Department / Division: Office of County Clerk Fund Name: Clerk Filing Fees

Budget Adjustment Type: Budget Increase Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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
218	0000	385	0400	Budgeted Cash	18,000.00	
TOTAL (if SUBTOTAL, check here _____)					18,000.00	

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
218	0910	416	4006	Maintenance Equipment	1,000.00	
218	0910	416	6005	Non Capital Med & Lab	8,000.00	
218	0910	416	8003	Equipment & Machinery	9,000.00	
TOTAL (if SUBTOTAL, check here _____)					18,000.00	

Requesting Office Approval: Rebecca Bustamante Title: County Clerk Date: 11/16/99

Finance Department Approval: Katherine M. Meehan Date: 11/24/99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11-30-99

SANTA FE COUNTY

RESOLUTION 1999 - 147

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
TOTAL (if SUBTOTAL, check here _____)						

1712700

SANTA FE COUNTY
RESOLUTION 1999 - 147

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Eric Barraza or Margie Romero

Name: Rebecca Bustamante Office: Clerk's Phone No.: 986-6280

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 Microfilming Duplicator we now have is not producing archival duplicates. The machine is 10-12 years old. A new one needs to be purchased (Reference Acct. #8003).
We will need a Maintenance Agreement for the Duplicator. (Reference Acct. # 4006).
Additional funds are needed for microfilming documents in order to meet state law (Reference Acct. # 6005)

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
The machine is old and not able to produce archival copies. We were hoping it would continue functioning but it didn't.
County Clerk is sending documents out for microfilming now. Last year we were doing it in house.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
The transfer is both recurring and non-recurring. We will need to keep a maintenance agreement for the new machine, which is recurring. We would also like to keep monies in our Non-Capital Med & Lab supplies line item which is recurring. The machine is non-recurring.
Future impacts is that funding will be from the Clerk Filing Fee Fund.

- 4) 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, cite statute and attach a copy.
Impacts the Clerk Filing Fee Fund (218). Statute reference is 14-8-12-2 N.M.S.A. 1978.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

1712701

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Eric Barraza or Margie Romero

Name: Rebecca Bustamante Office: Clerk's Phone No.: 986-6280

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.

N/A

- d) Please identify other funding sources that can be used to match this request.

N/A

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
The A9IV Microfilm Duplicator will be used to duplicate microfilm or microfiche of county records. All of our records are on microfiche. This machine will allow us to produce copies of the microfiche to sell.

The Automatic Metering Pump and the Microfilm Developer D-Series are both needed for the distribution of ammonia to pursue the production of the microfiche.

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.

N/A

1712702

SANTA FE COUNTY

RESOLUTION 1999 - 147

1712703

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 30th Day of November, 1999.

Santa Fe Board of County Commissioners

Joe S. Griñe, Jr.
Joe S. Griñe, Jr., Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By Denice Brown
Denice Brown, County Attorney

1098533
COUNTY OF SANTA FE
STATE OF NEW MEXICO)SS
I hereby certify that this instrument was filed
for record on the 8th day of Dec A.D.
19 99, at 8:23 o'clock a m
and was duly recorded in book 1712
page 699-703 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
Marcella Salazar
Deputy