

SANTA FE COUNTY
RESOLUTION 1999 - 4

1595874

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

Whereas, the Board of County Commissioners meeting in regular session on January 26, 1999, did request the following budget adjustment:

Department / Division: Fire Department Fund Name: Fire Tax ¼% Fund; Fire Revenue Bond Fund; and Fire Revenue Bond Debt Service Fund

Budget Adjustment Type: Transfer between funds to budget for debt service payment, debt service reserve, issuance costs and earned interest. Fiscal Year: 1999 (July 1, 1998 - June 30, 1999)

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
380	0000	360	0303	Miscellaneous Revenue / Investment Income	5,719	
380	0000	390	0000	Operating Transfer In	371,983	
480	0000	390	0000	Operating Transfer In	267,062	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					644,764	

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
222	0821	422	9001	Debt Service / Principal Payment		371,983
222	0000	490	0100	Operating Transfer Out	371,983	
380	0880	412	7043	Other Operating Costs / Bond Issuance Costs	110,640	
380	0000	490	0100	Operating Transfer Out	267,062	
480	0000	419	9002	Debt Service / Interest Payment	41,343	
480	0000	101	0000	Cash / Debt Service Reserve	220,000	
480	0000	101	0000	Cash / Debt Service Reserve	5,719	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					1,016,747	371,983
NET INCREASE IN EXPENDITURES					644,764	

Requesting Department Approval: J Holden Title: _____ Date: 1-21-99

Finance Department Approval: Donna Day Date: 1-19-99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 1/26/99

SANTA TE COUNTY

RESOLUTION 1999 - 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carolyn Cooney, Lori Valencia Dept/Div: Fire, Finance Phone No.: 424-2072

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.
This request is to budget excess funds budgeted for the debt service payment for the Fire Tax Revenue Bond issue. These funds will be used to cover bond issuance costs (\$110,640.21), the first debt service payment (\$41,342.50) and to set up the debt service reserve (\$220,000). The funds will be transferred to the Fire Tax Revenue Bond Fund and the debt service portion will then be transferred to the respective debt service fund.
- 2) Why was this request not included in the Fiscal Year 1999 Operating Budget?
These expenditures were included in the Fiscal Year 1999 operating budget in the Fire Protection Fund and this budget adjustment will transfer the moneys to the Fire Tax Revenue Bond Fund and the Fire Revenue Bond Debt Service Fund.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring. Funding for future debt service payments will be budgeted and accounted for in the Fire Revenue Bond Debt Service 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.
This is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

1595875

SANTA FE COUNTY

RESOLUTION 1999 - 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carolyn Cooney / Lori Valencia Dept/Div: Fire / Finance Phone No.: 424-2072

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.
This request is not the result of Commission action.

 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources to match this request.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request does not impact the Capital Purchases category.

- 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.
This request does not have an FTE impact.

1595876

SANTA FE COUNTY

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1595877

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 26th Day of January, 1999.

Santa Fe Board of County Commissioners

[Handwritten Signature]

Paul Duran, Chairperson



[Handwritten Signature]
Rebecca Bustamante, County Clerk



1058.986

COUNTY OF SANTA FE)
STATE OF NEW MEXICO)SS

I hereby certify that this instrument was filed for record on the 27 day of Jan A.D. 19 99, at 3:30 o'clock P.M. and was duly recorded in book 1595 page 874-877 of the records of Santa Fe County.

Approved As To Form.

By *[Handwritten Signature]*
Denice Brown, County Attorney

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

[Handwritten Signature]
Deputy