

SANTA FE COUNTY

RESOLUTION 1999- 75

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

Department / Division: County Manager's Office Fund Name: Developer Fees Fund & Sheriff Facility Bond Fund

Budget Adjustment Type: Transfer within Division 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
231	0104	385	0400	Budgeted Cash/Special Revenues	\$1,050	
406	0000	385	0700	Budgeted Cash/Debt Service	\$ 395	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					\$1,445	

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
231	0104	419	9003	Debt Service/Commitments & Other Fees	\$1,050	
406	1322	419	9002	Debt Service/Interest Payment	\$ 395	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					\$1,445	

Requesting Department Approval: _____ Title: County Manager Date: June 16, 1999

Finance Department Approval: Katherine Miller Date: 6/14/99

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 6/16/99

1659047

SANTA FE COUNTY

RESOLUTION 1999- 75

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephanie R. Lyon Dept/Div: County Manager's Office Phone No.: 986-6353

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 budget adjustment request transfers monies to reconcile actual expenditures to budget in the Developer Fees Fund and the Sheriff Facility Bond Fund.
\$1,050 - For the Fiscal Agent's charges of an annual administrative fee which was not included in the budget.
\$ 395 - For the budgeted shortfall of the actual interest expense.
- 2) Why was this request not included in the Fiscal Year 1999 Operating Budget?
This request was not included in the Fiscal Year 1999 Operating Budget because of underestimation.
- 3) Is the increase recurring or non-recurring and what are the future funding impacts of this request?
This transfer is anticipated to be non-recurring.
- 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:
This request does not include state or federal funds.
 - a) If this is a state special appropriation, cite statute and attach a copy.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

1659048

SANTA FE COUNTY

RESOLUTION 1999- 75

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephanie R. Lyon Dept/Div: County Manager's Office Phone No.: 986-6353

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

1659049

- 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 a result of Commission action.
 - d) Please identify other funding sources that can be used 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 for the department.

SANTA FE COUNTY

RESOLUTION 1999 - 75

1659050

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 29th Day of June, 1999.

Santa Fe Board of County Commissioners

[Handwritten Signature]

Paul Duran, Chairperson



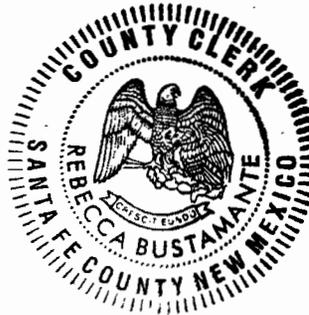
[Handwritten Signature]

Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten Signature]*

Denice Brown, County Attorney



1080.664
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) SS
I hereby certify that this instrument was filed
for record on the 30 day of June A.D.
19 99, at 1:44 o'clock P.m.
and was duly recorded in book 1759
page 4750 of the records of
Santa Fe County.

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

[Handwritten Signature]
Deputy