

1672138

SANTA FE COUNTY

RESOLUTION 1999 - 87

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

Whereas, the Board of County Commissioners meeting in regular session on July 27, 1999, did request the following budget adjustment:

Department / Division: Finance Department Fund Name: Facility Bond 97 Proceeds and GRT Rev. Bond Debt Service

Budget Adjustment Type: Transfer Between Funds Fiscal Year: 1999 (July 1, 1998 - June 30, 1999)

BUDGETED REVENUES: (use continuation sheet, if necessary)

Table with 7 columns: FUND CODE, DEPARTMENT/DIVISION, ACTIVITY BASIC/SUB, ELEMENT/OBJECT, REVENUE NAME, INCREASE AMOUNT, DECREASE AMOUNT. Rows include Investment Income, Budgeted Cash / Debt Service, and Other Financing Source / Operating Transfer In.

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

Table with 7 columns: FUND CODE, DEPARTMENT/DIVISION, ACTIVITY BASIC/SUB, ELEMENT/OBJECT, CATEGORY / LINE ITEM NAME, INCREASE AMOUNT, DECREASE AMOUNT. Row includes Other Financing Use / Operating Transfer Out.

Requesting Department Approval: [Signature] Title: Deputy Finance Director Date: 7-21-99
Finance Department Approval: [Signature] Date: 7-21-99 Entered by: Date:
County Manager Approval: [Signature] Date: 7-22-99

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Department 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.

To transfer investment income into the GRT Revenue Bond Debt Service Fund from the Facility Bond Proceeds Fund to cover the deficit for Debt Service Payments that were made in FY1999.

- 2) Why was this request not included in the Fiscal Year 1999 Operating Budget?

This was budgeted for FY 1999. There was not sufficient budget to cover all obligations.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This is 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:

- 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Department 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.):

- 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.

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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 27th Day of July, 1999.

Santa Fe Board of County Commissioners

[Handwritten signature of Paul Duran]

Paul Duran, Chairperson

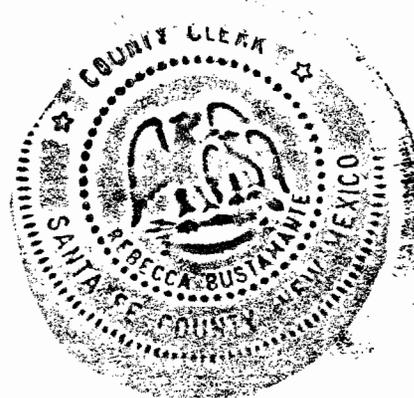
ATTEST:

[Handwritten signature of Rebecca Bustamante]

Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten signature of Denice Brown]*
Denice Brown, County Attorney



COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO 1085151
I hereby certify that this instrument was filed
for record on the 5th day of Aug. A.D.,
19 99, at 1:11 o'clock P m
and was duly recorded in book 1672,
page 138 - 141 of the records of
Santa Fe County.

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

[Handwritten signature of Veronica Clayton]
Deputy