

SANTA FE COUNTY

RESOLUTION 1999 - 90

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

1668220 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: Equipment Loan Debt Service

Budget Adjustment Type: Transfer Between Funds 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 |
|---|---------------------------------|------------------------------|----------------------------|-----------------------------|--------------------|--------------------|
| 101 | 0000 | 385 | 0100 | General Fund Cash Balance | 271,417 | |
| 340 | 0000 | 385 | 0100 | Equipment Loan Proceeds | 72,399 | |
| 403 | 0000 | 385 | 0100 | Equipment Loan Debt Service | 354,566 | |
| 403 | 0000 | 390 | 0000 | Operating transfer In | 343,816 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 1,042,198 | |

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 |
|---|---------------------------------|------------------------------|----------------------------|---------------------------------|--------------------|--------------------|
| 403 | 0000 | 419 | 4001 | Debt Service/ Principal Payment | 691,000 | |
| 403 | 0000 | 419 | 4002 | Debt Service/Interest Payment | 7,382 | |
| 101 | 0000 | 490 | 0000 | Operating Transfer Out | 271,417 | |
| 340 | 0000 | 490 | 0000 | Operating transfer Out | 72,399 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 1,042,198 | |

Requesting Department Approval: *Susan J. Lucas* Title: Deputy Finance Director Date: 7/23/99

Finance Department Approval: *Katherine Hill* Date: 7/23/99 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 7/27/99

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Department Phone No.:

1668221

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 budget for Principle and Interest for the NMFA Equipment Loan payoff.
2) Why was this request not included in the Fiscal Year 1999 Operating Budget? This was not included in the FY99 Operational budget. Consideration of loan payoff was made during the Fiscal year. This provided a cost savings to the County.
3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request? This transfer 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. N/A
b) If this is a state or federal grant, cite grant name, number, award date and amount. N/A

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

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

1668222 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 is not a result of Commission action.

 - 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.
This does not impact Capital Purchases.

- 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

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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.

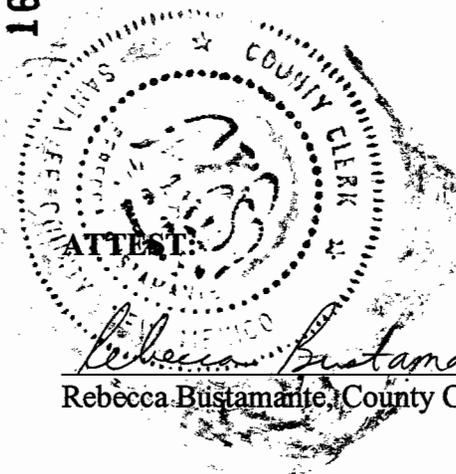
Approved, Adopted, and Passed This 27th Day of July, 1999.

Santa Fe Board of County Commissioners

[Signature]

Paul Duran, Chairperson

1668223



Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
Denice Brown, County Attorney



1083.874
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 28 day of July A.D.
19 99, at 8:14 o'clock a m
and was duly recorded in book 1668
page 220-223 of the records of
Santa Fe County.

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

[Signature]
Deputy