

2197135

SANTA FE COUNTY

RESOLUTION 2002 - 109

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

Whereas, the Board of County Commissioners meeting in regular session on August 27, 2002, did request the following budget adjustment:

Department / Division: Community and Health Development Department/Housing Authority Fund Name: County Youth Program/General Fund

Budget Adjustment Type: Budget Transfer Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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
230	0475	390	01-00	Operating Transfer In		75,000
TOTAL (if SUBTOTAL, check here)						75,000

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
230	0475	432	50-90	Other Contractual Services		75,000
101	0000	490	01-00	Operating Transfer Out		75,000
101	0475	432	50-90	Other Contractual Services	75,000	
TOTAL (if SUBTOTAL, check here)					75,000	150,000

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya* by *[Signature]* Title: Executive Director Date: 8/19/02

Finance Department Approval: *[Signature]* Date: 8/20/02 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 8/20/02

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 992-3056

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 resolution requests a budget transfer from Special Revenue Fund [230] to the General Fund [101]. Presently, the cost center fund reference used for the County Youth Program also references federal funding sources. This change is proposed for a clearer distinction of funding source.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

Funds were included in the FY 2003 Budget; this budget adjustment is a transfer only.

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

This transfer is non-recurring and there are no future funding impacts.

- 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 BAR does not involve federal funding.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 992-3056

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 a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.

There are no other funding sources being 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 will not affect 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 impact on staffing.

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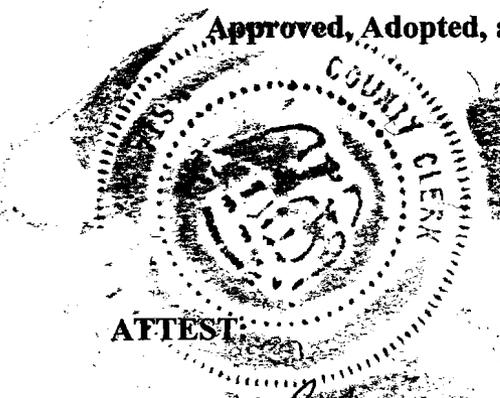
SANTA FE COUNTY

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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 August, 2002.

Santa Fe Board of County Commissioners



[Signature]

Paul Duran, Chairperson

ATTEST:

[Signature]

Rebecca Bustamante, County Clerk

Approved As To Form.

By [Signature] Steven Kopelman, County Attorney



1221.235
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 28 DAY OF Aug A.D.
20 02 AT 2:15 O'CLOCK P.M.
AND WAS LEGALLY RECORDED IN BOOK 2197
PAGE 135-138 OF THE RECORDS OF
SANTA FE COUNTY

[Signature]
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
DEPUTY