

SANTA FE COUNTY

RESOLUTION 2002- 65

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

Whereas, the Board of County Commissioners meeting in regular session on May 28, 2002, did request the following budget adjustment:

Departments/Divisions: Community Health & Development/Capital Projects Fund Name: General Fund and State Appropriation

Budget Adjustment Type: Budget Adjustment

Fiscal Year: 2002: (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
318	0434	390	01-00	Non-Revenue Receipt\From General Fund	7,447.99	
318	0434	371	90-00	State\Other		7,447.99
517	0430	390	01-00	Non-Revenue Receipt\From General Fund		7,447.99
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>7,447.99</b>	<b>14,895.98</b>

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
101	0000	490	01-00	Operating Transfer Out	7,447.99	
101	0000	490	01-00	Operating Transfer Out		7,447.99
517	0430	471	10-26	Salaries & Wages\Term Employees		7,447.99
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>7,447.99</b>	<b>14,895.98</b>

Requesting Department Approval: Robert A. Anaya 

Title: Department Director

Date: 05/21/02

Finance Department Approval:  Date: 5-21-02

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2136904

SANTA CRUZ COUNTY  
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/Capital Projects

Phone #: 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.

The purpose of this BAR is to reimburse the State Appropriation Fund (318) for \$ 7,447.99 from the Housing Enterprise Fund (517). County staff waited too long to request the reimbursement from the State Department of Finance and Administration. A request was made to the State to do so, but they have stated that our only option is to pay for the work ourselves.

- 2) Why was this request not included in the FY-2002 Operating Budget?

County Staff has been trying to get the State to reimburse the County, and at that time there was no need for an operating budget request.

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

This budget transfer and the resulting expenditures are non-recurring. 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 request involves a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

Grant Name : State Special Appropriation Grant Number : 96-L-78  
Caja del Rio Livestock Watering

Award Date : 09/16/96 Amount : \$ 235,000

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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Development Department/Capital Projects

Phone #: 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 the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no funding sources to match this grant.
- 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 has no FTE impact.

2136906

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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 28th Day of May, 2002.

Santa Fe Board of County Commissioners

Paul Duran, Chairman



ATTEST:

Rebecca Bustamante, County Clerk

Approved as to Form.

By Santa Fe County Attorney's Office



1208.146  
COUNTY OF SANTA FE } SS  
STATE OF NEW MEXICO }  
I hereby certify that this instrument was filed  
for record on the 29 day of May A.D.  
20 02 at 10:46 o'clock a.m  
and was duly recorded in book 2136  
page 903-906 of the records of  
Santa Fe County

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