

**SANTA FE COUNTY**

**RESOLUTION 2005 - 113**

**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 30, 2005, did request the following budget adjustment:**

Department / Division: Utilities / GOB Water Projects Fund Name: GOB Series 1997 Proceeds

Budget Adjustment Type: Budget Increase Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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
350	1430	385	0200	Budgeted Cash	4,235.67	
<b>TOTAL (if SUBTOTAL, check here )</b>					4,235.67	

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
350	1430	482	8010	Capital Purchases / Roadways	4,235.67	
<b>TOTAL (if SUBTOTAL, check here )</b>					4,235.67	

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: *[Signature]* Date: 8-19-05 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

SFC CLERK RECORDED 08/31/2005

**SANTA FE COUNTY**  
**RESOLUTION 2005 - 113**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Susan Lucero Dept/Div: Finance 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.  
This request is to increase the GOB Series 1997 Proceeds Fund (350) for prior fiscal year 2005 cash balance for expenditure in fiscal year 2006.
  
- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?  
An estimated cash balance was included in the fiscal year 2006 operating budget. This request is to bring forward the actual balance.
  
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This increase should 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:
  - 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: Susan Lucero Dept/Div: Finance 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 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 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.  
The requested amount will be used towards water capital projects.
- 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 30<sup>th</sup> Day of August 2005.

~~Santa Fe Board of County Commissioners~~

*Michael Anaya*  
Michael Anaya, Chairperson



*Valerie Espinoza*  
Valerie Espinoza, County Clerk

Approved As To Form.

By *Stephen Ross*  
Stephen Ross, County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 31ST Day Of August, A D., 2005 at 11 01  
And Was Duly Recorded as Instrument # 1396077  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk, Santa Fe, NM  
Deputy *Manuela*

SFC CLERK RECORDED 08/31/2005