

SANTA FE COUNTY

RESOLUTION 2009 - 124

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 28, 2009, did request the following budget adjustment:

Department / Division: Administrative Services / Finance

Fund Name: General Fund (101), Jail Operations Fund (518) and Jail Revenue Bond Debt Service Fund (405)

Budget Adjustment Type: Budget Transfer Between Funds

Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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
405	1860	390	0100	Operating Transfer In / From Fund 101		2,251,890
518	1860	390	0100	Operating Transfer In / From Fund 101	2,251,890	
405	1860	390	0500	Operating Transfer In / From Fund 518	2,251,890	
TOTAL (if SUBTOTAL, check here)					4,503,780	2,251,890

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	0100	Operating Transfer Out / To Fund 405		2,251,890
101	0000	490	0100	Operating Transfer Out / To Fund 518	2,251,890	
518	0000	490	0100	Operating Transfer Out / To Fund 405	2,251,890	
TOTAL (if SUBTOTAL, check here)					4,503,890	2,251,890

Requesting Department Approval: Irma C. Martinez Title: Finance Director Date: 7/29/09

Finance Department Approval: _____ Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: ASD / 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.
 Request is to reverse the transfer of \$2,251,890 from the General Fund (101) to the Jail Revenue Bond Debt Service Fund (405) and replace it with a transfer to the Jail Operations Fund (518) which in turn will be transferred to the Jail Revenue Bond Debt Service Fund (405) in order to correct the pooled and non-pooled cash in the Jail Revenue Bond Debt Service Fund.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez Dept/Div: ASD / 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.):

- 3) 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, YES _____ NO X
If YES, cite statute and attach a copy.

 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

 - c) Is this request a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
This request is not the result of Commission action.

 - d) Please identify other funding sources used to match this request.
There are no other funding sources to match this request.

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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 July, 2009.

Santa Fe Board of County Commissioners

Mike D. Anaya
Mike D. Anaya, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of July, 2009 at 10:15:27 AM
And Was Duly Recorded as Instrument # 1572096
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy *Valerie Espinoza*