

SANTA FE COUNTY

RESOLUTION 2009 - 140

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 25, 2009, did request the following budget adjustment:

Department / Division: Community Services/Administration

Fund Name: State Special Appropriation (318)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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 | 0775 | 371 | 9000 | Women's Health Services Center/State Special Appropriation | 100,000 | |
| 318 | 0771 | 371 | 9000 | Eldorado Soccer Field/State Special Appropriation | 50,000 | |
| 318 | 0769 | 371 | 9000 | Senior Housing /State Special Appropriation | 100,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 250,000 | |

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 |
|---|---------------------------------|-------------------------------|----------------------------|--|--------------------|--------------------|
| 318 | 0775 | 481 | 8001 | Women's Health Services Center/Capital Purchase/Buildings & Structures | 100,000 | |
| 318 | 0771 | 481 | 8001 | Eldorado Soccer Field/Capital Purchases/Building & Structures | 50,000 | |
| 318 | 0769 | 481 | 8001 | Senior Housing/Capital Purchases/Building & Structures | 100,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 250,000 | |

Requesting Department Approval: Joseph Gutierrez, *JG* Title: Director, Community Services Department Date: August 4, 2009

Finance Department Approval: *Anna Martinez* Date: 8/18/09 Entered by: _____ Date: _____

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

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RESOLUTION 2009 - 140

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Pamela Lindstam Dept/Div: Community Services/Administration Phone No.: 992-9860

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 request is to budget State Appropriation 2005 Grant Agreement Amendment No. 1 received from Department of Finance/Local Government Division for the following accounts:
 Account #318-0775-481-8001 (\$100,000) – Women’s Health Services Center for renovations and improvements to the center.
 Account #318-0771-481-8001 (\$50,000) – Eldorado Soccer Field for the purchase of “artificial turf” for the field.
 Account #318-07659-481-8001 (\$100,000) – Senior Housing to equip and furnish housing sites in Santa Fe County.

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 |
|-------------------|--|-----------|
| 318-0775-481-8001 | Renovations and improvements to the Women’s Health Services Center | \$100,000 |
| 318-0771-481-8001 | Purchase of artificial turf for the Eldorado Soccer Field | \$50,000 |
| 318-0769-481-8001 | Furnish & equip senior housing sites in Santa Fe County | \$100,000 |
| | | |

- 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: Pamela Lindstam

Dept/Div: Community Services/Administration

Phone No.: 992-9860

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 X NO _____
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X NO _____
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.
2005 Grant Agreement Amendment No. 1
Grant #05-L-G-478- \$100,000 7/13/09
Grant #05-L-G-483 -\$ 50,000 7/13/09
Grant #05-L-G-373 -\$100,000 7/13/09
 - c) Is this request is 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.).
 - d) Please identify other funding sources used 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 25th Day of August, 2009.

Santa Fe Board of County Commissioners

[Signature of Michael D. Anaya]
Michael D. Anaya, Chairperson

ATTEST:

[Signature of Valerie Espinoza]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 4
Hereby Certify That This Instrument Was Filed for
Record On The 25TH Day Of August, 2009 at 03:40:59 PM
And Was Duly Recorded as Instrument # 1575225
The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM