

RESOLUTION 2009 - 209

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

Whereas, the Board of County Commissioners meeting in regular session on Nov. 10, 2009, did request the following budget adjustment:

Department / Division: Growth Mgmt/Public Works Div/Water/Wastewater Operations Fund Name: Water Fund - 250

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 |
|---|---------------------------------|------------------------------|----------------------------|--------------------------|--------------------|--------------------|
| 250 | 1463 | 371 | 9000 | Intergovernmental Grants | 500,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 500,000 | |

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 |
|---|---------------------------------|------------------------------|----------------------------|--|--------------------|--------------------|
| 505 250 | 1463 | 482 | 8010 | Cap. Purch-Roadways (Bridges/Culverts) | 500,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 500,000 | |

Requesting Department Approval: *Marion H. Martin* Title: Water/Wastewater Division Director Date: 10-13-09
 Finance Department Approval: *Juan C. Martinez* Date: 11/26/09 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____

SEC CLERK RECORDED 11/12/2009
SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Millic Valdivia Dept/Div: Water/Wastewater Operations Phone No.: (505) 992-9874

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 budgeted cash and expenditures related to the CGBC – Valle Vista Wastewater Treatment Plant - Capital Outlay Roadways (Bridges & Culverts). The County is responsible for an CDBG Grant in the amount of \$500,000 (Project No. 09-C-NR-I-01-G-22) to assist with construction cost of a new Valle Vista Wastewater Treatment Plant project.

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 |
|-------------------|--|------------------|
| 250-1463-482-8010 | CDBG – Valle Vista WWTP- Cap. Purch. Roadways (Bridges & Culverts) | 500.000 |
| | | |
| | | |
| | | |
| | TOTAL | \$500,000 |

- 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: Millie Valdivia Dept/Div: Water/Wastewater Operations Phone No.: (505) 992-9874

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.

This request will impact a revenue source, as the funds were issued through state community development block grant funding.

- 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.

This request includes state funds for the above mentioned community development block grant.

- 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.).

This request is not a result of Commission action.

- d) Please identify other funding sources used to match this request.

N/A

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 10th Day of November, 2009.

Santa Fe Board of County Commissioners

Mike D. Anaya
Mike D. Anaya, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



BCC RESOLUTION:
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
Hereby Certify That This Instrument Was Filed for
Record On The 12TH Day Of November, 2009 at 04:37:46 PM
And Was Duly Recorded as Instrument # 1583027
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy *Marcella*