

SANTA FE COUNTY
RESOLUTION 2010 - 105

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

Whereas, the Board of County Commissioners meeting in regular session on June 29, 2010, did request the following budget adjustment:

Department / Division: Community Services Fund Name: State Special Appropriations

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	0776	371	9000	State Grants	306,999	
TOTAL (if SUBTOTAL, check here)					306,999	

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	0776	481	8001	Buildings & Structures	306,999	
TOTAL (if SUBTOTAL, check here)					306,999	

Requesting Department Approval: [Signature] Title: Director, BSD Date: 6/2/10
 Finance Department Approval: [Signature] Date: 6/14/10 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

RESOLUTION 2010 - 105

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Joseph Gutierrez Dept/Div: Community Services Phone No.: 992-6758

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 funds for the Pojoaque Community Center Grant , account 318-0776-481.8002 in the amount of \$306,999

a) Employee Actions

Table with 4 columns: 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:

Table with 3 columns: 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: Dept/Div: Phone No.

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 ~~X~~
If YES, cite statute and attach a copy.

Grant Agreement #2008-3010 between New Mexico Aging and Long-Term Services Department and Santa Fe County in the amount of \$306,999.00 Directed to purchase land, plan, design, construct, and equip, hereinafter referred to as "construction", for the Pojoaque Valley Senior and community Center located in Santa Fe County. Effective September 2007 to expire on June 30, 2011.

- 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 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 29th Day of June, 2010.

Santa Fe Board of County Commissioners

[Signature of Harry B. Montoya]
Harry B. Montoya, Chairperson

ATTEST:

[Signature of Valerie Espinoza]
Valerie Espinoza, County Clerk



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 30TH Day Of June, 2010 at 02:45:15 PM and Was Duly Recorded as Instrument # 1603066 of The Records Of Santa Fe County

[Signature of Valerie Espinoza]
Deputy _____
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM