

**SANTA FE COUNTY**  
**RESOLUTION 2010 - 118**

**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 27, 2010, did request the following budget adjustment:**

Department / Division: Growth Management Fund Name: Regional Transit Fund (202)

Budget Adjustment Type: Budget Increase Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

BUDGETED REVENUES: (use continuation sheet, if necessary)

| FUND CODE<br>XXX                        | DEPARTMENT/<br>DIVISION<br>XXXX | ACTIVITY<br>BASIC/SUB<br>XXX | ELEMENT/<br>OBJECT<br>XXXX | REVENUE<br>NAME                     | INCREASE<br>AMOUNT | DECREASE<br>AMOUNT |
|---|---------------------------------|------------------------------|----------------------------|-------------------------------------|--------------------|--------------------|
| 202                                     | 0535                            | 311                          | 0210                       | Regional Transit Gross Receipts Tax | 302,978.98         |                    |
| <b>TOTAL (if SUBTOTAL, check here )</b> |                                 |                              |                            |                                     | 302,978.98         |                    |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND CODE<br>XXX                        | DEPARTMENT/<br>DIVISION<br>XXXX | ACTIVITY<br>BASIC/SUB<br>XXX | ELEMENT/<br>OBJECT<br>XXXX | CATEGORY / LINE ITEM<br>NAME        | INCREASE<br>AMOUNT | DECREASE<br>AMOUNT |
|---|---------------------------------|------------------------------|----------------------------|-------------------------------------|--------------------|--------------------|
| 202                                     | 0535                            | 454                          | 7090                       | Other Operating Costs / Misc. Costs | 302,978.98         |                    |
| <b>TOTAL (if SUBTOTAL, check here )</b> |                                 |                              |                            |                                     | 302,978.98         |                    |

Requesting Department Approval: *Susan Martinez* Title: *Finance Director* Date: *7/17/10*

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: 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 establish a budget for the Regional Transit Gross Receipts Tax that was received for June 2010 by the County which is then forwarded to the North Central Regional Transit District.

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 X or for NON-RECURRING (one-time only) expense \_\_\_\_\_

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**DEPARTMENT CONTACT:**

Name: Teresa Martinez 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.):**

- 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 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.  
There are no other funding sources to match this request.

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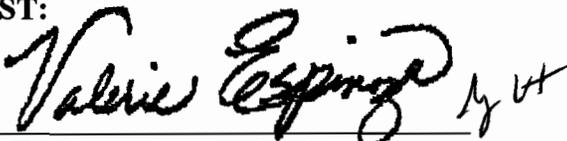
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of July, 2010.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Harry B. Montoya, Chairperson

ATTEST:

  
\_\_\_\_\_  
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 28TH Day Of July, 2010 at 09:38:19 AM  
And Was Duly Recorded as Instrument # 1606211  
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk, Santa Fe, NM

Deputy 