

SANTA FE COUNTY

RESOLUTION 2010 - 12

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

Whereas, the Board of County Commissioners meeting in regular session on January 26, 2010, did request the following budget adjustment:

Department / Division: Finance Division Fund Name: Capital Outlay GRT Fund (213)

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
213	1450	385	0200	Budgeted Cash	6,000,000	
213	1480	385	0200	Budgeted Cash	15,400,000	
TOTAL (if SUBTOTAL, check here)					21,400,000	

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
213	1481	481	8010	Capital / Roadways	21,400,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					21,400,00	

Requesting Department Approval: *Juan Martinez* Title: *Finance Bureau Director* Date: *1/14/10*

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

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: Finance Division 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 for an increase to the Capital Outlay GRT Fund (213) to budget cash carryover for the Santa Fe County portion for the Buckman Direct Diversion Project. (\$15,400,000 is from the C/O GRT Regional side and \$6,000,000 is from the C/O GRT County side.)

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: Teresa Martinez Dept/Div: Finance Division 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.

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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 26th Day of January, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry B. Montoya, Chairperson

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of January, 2010 at 10:27:22 AM And Was Duly Recorded as Instrument # 1589604 of The Records Of Santa Fe County

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