

SANTA FE COUNTY

RESOLUTION 2010 - 122

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: County Manager / Finance Fund Name: General Fund (101), Corrections Operations Fund (247) and Jail Revenue Bond Debt Service Fund (405)

Budget Adjustment Type: Budget Transfer Between Funds 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
405	1860	390	0101	Operating Transfer In / From Fund 101		2,247,315
247	1860	390	0101	Operating Transfer In / From Fund 101	2,247,315	
405	1860	390	0247	Operating Transfer In / From Fund 247	2,247,315	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>4,494,630</b>	<b>2,247,315</b>

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
101	0000	490	0405	Operating Transfer Out / To Fund 405		2,247,315
101	0000	490	0247	Operating Transfer Out / To Fund 247	2,247,315	
247	0000	490	0405	Operating Transfer Out / To Fund 405	2,247,315	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>4,494,630</b>	<b>2,247,315</b>

Requesting Department Approval: Juan M. Martinez Title: Finance Division Director Date: 7/12/10

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: ASD / 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 reverse the transfer of \$2,247,315 from the General Fund (101) to the Jail Revenue Bond Debt Service Fund (405) and replace it with a transfer to the Corrections Operations Fund (247) which in turn will be transferred to the Jail Revenue Bond Debt Service Fund (405) in order to correct the pooled and non-pooled cash in the Jail Revenue Bond Debt Service Fund.

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 \_\_\_\_\_ 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: ASD / 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 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 the result of Commission action.
  
  - 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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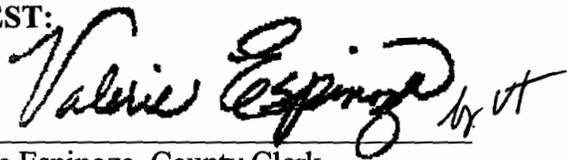
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

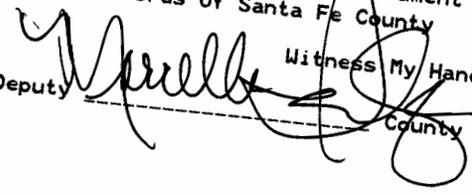
Approved, Adopted, and Passed This 27th Day of July, 2010.

Santa Fe Board of County Commissioners

  
Harry 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 09:38:23 AM  
And Was Duly Recorded as Instrument # 1606215  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Deputy  Valerie Espinoza  
County Clerk, Santa Fe, NM

