

**RESOLUTION 2010 - 123**

**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: Corrections / Adult Facility Fund Name: General Fund (101) and Corrections Operations Fund (247)

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
101	0000	385	0100	Budgeted Cash	203,628	
247	1860	390	0101	Operating Transfer In / From General Fund	203,628	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>407,256</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	0247	Operating Transfer Out / To Fund 247	203,628	
247	1860	426	8003	Capital Purchases / Equipment & Machinery	610,300	
247	0302	426	8001	Capital Purchases / Buildings & Structures		250,000
247	0302	426	8003	Capital Purchases / Equipment & Machinery		100,000
247	0302	426	8015	Capital Purchases / Computers & Peripherals		39,672
247	0302	426	8099	Capital Purchases / Inventory Exempt		17,000
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>813,928</b>	<b>406,672</b>

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: *Trish M. ...* Date: 7/16/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**RESOLUTION 2010 - 123**

**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 budget \$203,628 of General Fund (101) cash balance with an operating transfer to the Corrections Operations Fund (247) to modernize security equipment at the Adult Facility. The total cost of the project is \$610,300 with \$406,672 coming from budget within the Corrections Fund for capital projects.

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
8001	Buildings & Structures	\$610,300

- 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense  X

SANTA FE COUNTY

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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.  
\$406,672 from Corrections Operations Fund (247) capital budget.

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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

*[Signature]*  
Harry Montoya, Chairperson

ATTEST:

*[Signature]*

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of July, 2010 at 09:38:24 AM And Was Duly Recorded as Instrument # 1606216 Of The Records Of Santa Fe County

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

