

RESOLUTION 2012 - 3

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 10, 2012, did request the following budget adjustment:

Department / Division: Finance Division for County Assessor Fund Name: Property Valuation (203)

Budget Adjustment Type: Transfer Between Funds Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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
203	1111	390	0101	Operating Transfer In / From Fund 101	\$460	
TOTAL (if SUBTOTAL, check here)					\$460	

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
203	1111	413	7514	Insurance & Deductibles / Property Insurance	\$460	
101	0000	490	0203	Deductibles	\$460	
101	0303	412	7015	Operating Transfer Out / To Fund 203 Other Operating Costs / Property/Liability Deduct.		\$460
TOTAL (if SUBTOTAL, check here)					\$920	\$460

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: *Yvonne Martinez* Date: 12/28/11 Entered by: _____ Date: _____

County Manager Approval: *Heather M. ...* Date: 12-30-11 Updated by: _____ Date: _____

RESOLUTION 2012 - 3

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: Finance Division Phone No.: 986-6321

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 operating transfer from the General Fund (101) to the Property Valuation Fund (203) in the amount of \$460 for additional funding needed for an insurance deductible for a County Assessor's vehicle that was damaged in an automobile accident.

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

RESOLUTION 2012 - 3

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carole Jaramillo Dept/Div: Finance Division Phone No.: 986-6321

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.

RESOLUTION 2012 - 3

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 10th Day of January, 2012.

Santa Fe Board of County Commissioners



Liz Stefanics, 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 11TH Day Of January, 2012 at 03:49:47 PM
And Was Duly Recorded as Instrument # 1657124
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM

