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

Whereas, the Board of C	ounty Commissioner	s meeting in re	gular session on Novem	nber 28, 2000, did request the	following budget adjustment:
Department / Division: _S	Sheriff Dept.	Fund Name:	General Fund		
Budget Adjustment Type:	Budget Increase		Fiscal Year:	_2001 (July 1, 2000 - June 30) <u>, 2001)</u>

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	1201	360	01012	Contributions & Donations	1,200.00	
TOTAL (i	f SUBTOTAL, ch	ieck here)			1,200.00	

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	1201	424	60-01	Supplies/Inventory Exempt	1,200.00					
TOTAL (i	f SUBTOTAL, cl	ieck here)			1,200.00					

Requesting Department Approvale Title: County Sheriff	Date: /0 -27-00
Finance Department Approval: June Date: 1/20/00 Entered by:	Date:
County Manager Approval: Date: 11-28-05	

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H) ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Raymond L. Sisneros

Dept/Div: Sheriff Department

Phone No.: 986-2400

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.

 This money was a donation to the Sheriff Department for the "Bike Patrol". This money should be for the purchase of two bikes.
- Why was this request not included in the Fiscal Year 2000 Operating Budget?
 It was a donation.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

 To our knowledge this is not to recur, although if other donations come in we can not help that.
- 4) 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, cite statute and attach a copy. This is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount. This increase is not from a state or federal grant.

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Nam	e:_	Ray	mon	d L. S	Sisnero	s		Dep	t/Div:_	Sheriff 1	Departi	ment		Phone	e No.:	986-2	400		- -						
						ON For state (ON		QUES	STING	BUDG	ET AD	JUSTI	MENT	(If app	licabl	e, cite t	he follo	wing a	uthorit	y: Stat	e Statu	te, gra	nt name	e and	award
• 600	4)	(C	ontin c)		is requ					on action dission a		se cite a	nd attac	ch a cop	oy of si	upportii	ıg docu	mentati	on.						
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• : :	5)	If Th	this is re	reque quest	st imp does n	acts th	e Cap	i tal Pu i e Capit	rchases al Purc	s catego hase cat	ry, ple tegory.	ase det	ail iten	is to be	e purcl	hased a	nd wha	t they	will be	used fo	r .				
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6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term,

permanent, etc.),

and the future funding impact and revenue source.

This request does not have an FTE impact.

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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 28th Day of November, 2000.

Ric

Santa Fe Board of County Commissioners

Richard D. Anaya, Chairperson

Rebecca Bustamante, County Clerk

Approved As To Form.

By

Steven Kopelman, County Attorney

REBECC BUSTAN

COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed for record on the 29 day of MVA.D.

20 00 at 11: 30 o'clock and was duly recorded in book santa Fe County.

Santa Fe County.

Witness my Hand and Seal of Office Rebecca Bustamante N.M. Clerk, Santa Fe County, N.M.

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