

SANTA FE COUNTY

RESOLUTION 2000 - 50

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

Whereas, the Board of County Commissioners meeting in regular session on April 25, 2000, did request the following budget adjustment:

Department / Division: Resource Development / Information Technology Fund Name: General Fund & Indigent Fund

Budget Adjustment Type: Budget Transfer Between Departments Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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	390	0300	Operating Transfer In / From Special Revenue	5,980	
TOTAL (if SUBTOTAL, check here _____)					5,980	

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	1502	412	7003	Other Operating Costs / Telephone	75,000	
101	1201	424	6001	Supplies / Inventory Exempt		7,000
101	1201	424	6006	Supplies / Drugs		1,000
101	1201	424	7003	Other Operating Costs / Telephone		20,000
TOTAL (if SUBTOTAL, check here <u>X</u>)					75,000	28,000

Requesting Department Approval: *Tomat* Title: Person Dept Dir. Date: 4/25/2000

Finance Department Approval: *Katherine* Date: 4-19-00 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 4-25-00

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here _____)						

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	7037	Other Operating Costs / Printing / Publishing / Ads		1,000
101	1201	424	7040	Other Operating Costs / Medical Services		1,500
220	1520	490	0100	Other Financing Use / Operating Transfers Out	5,980	
220	1520	461	7003	Other Operating Costs / Telephone		5,980
101	1502	412	4006	Maintenance / Equipment		8,720
101	1502	412	6007	Supplies / Office Supplies		3,000
101	1502	412	6009	Supplies / Educational Supplies		1,736
101	9001	411	5090	Contractual Services / Other Contractual Services		3,531
101	9001	412	5090	Contractual Services / Other Contractual Services		3,892
101	9001	412	6007	Supplies / Office Supplies		183
101	9001	412	7003	Other Operating Costs / Telephone		348
101	9001	412	7037	Other Operating Costs / Printing & Publishing		184
101	9001	412	8003	Capital / Equipment & Machinery		1,551
101	9001	412	8008	Capital / Library Acquisitions		112
101	9012	424	4006	Maintenance / Equipment		810
101	9012	424	7037	Other Operating Costs / Printing & Publishing		2,267
101	9012	425	3005	Travel / Gas & Oil		3,660
101	9012	425	3007	Travel / Out of State Extraditions		2,346
101	9012	425	7003	Other Operating Costs / Telephone		6,180
TOTAL (if SUBTOTAL, check here _____)					80,980	75,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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 request is to transfer budget from various departments to the Resource Development / Information Technology telephone line item to cover expenditures through June 30, 2000.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
An estimated amount for telephones was included in the Fiscal Year 2000 Operating Budget. However, actual expenditures will be higher than estimated.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring.
- 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:
This request budgets an operating transfer from the Indigent Fund to the General Fund.
 - 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 is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request does not impact the capital purchases category.
- 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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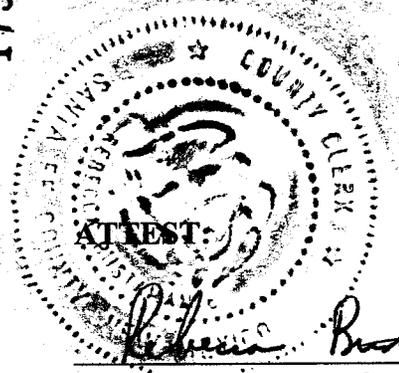
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

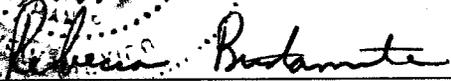
Approved, Adopted, and Passed This 25th Day of April, 2000.

Santa Fe Board of County Commissioners



Joe S. Grifé, Jr., Chairperson





Rebecca Bustamante, County Clerk

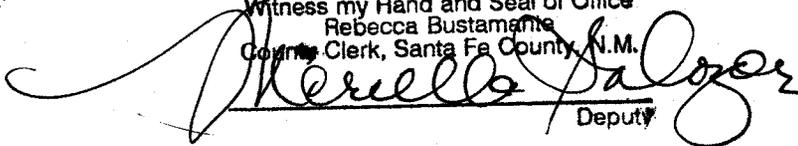
Approved As To Form.

By 

Barbara Mulvaney, Acting County Attorney



1114-219
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 26 day of April A.D.
20 00 at 9:39 o'clock a.m.
and was duly recorded in book 1759
page 541-545 of the records of
Santa Fe County.

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


Deputy

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