

SANTA FE COUNTY
RESOLUTION 2001 - 149

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

Whereas, the Board of County Commissioners meeting in regular session on September 25, 2001, did request the following budget adjustment:

Department / Division: Finance Fund Name: Open Space GOB Series 1999

Budget Adjustment Type: Decrease Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

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
385	0000	385.04	00	Budgeted Cash - Special Assessments		90,609.44
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
385	0304	481.80	05	Land Acquisition		90,359.44
385	9003	481.50	03	Professional Services		250.00
TOTAL (If SUBTOTAL, check here)						

Requesting Department Approval: [Signature] Title: Deputy Finance Dir. Date: 9/17/01

Finance Department Approval: [Signature] Date: 9/19/01 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9-25-01

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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.
To reduce the budget based upon actual cash balance remaining from bond proceeds.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
The final cash balance could not be determined at the time the FY 2002 Operating Budget was being prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
The reduction is non-recurring and there are no future funding impacts of this request.
- 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.
Not applicable.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
Not applicable.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: _____ Dept/Div: _____ Phone No.: _____

1982206

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.

No other funding sources can be used for 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 reduces the land acquisition category and brings the budget expenditure appropriated in line with actual cash balance remaining for expenditure.
- 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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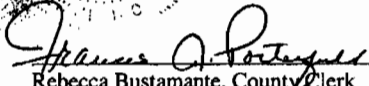
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

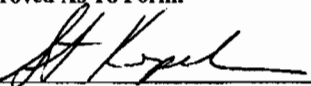
Approved, Adopted, and Passed This 25th Day of September, 2001.

Santa Fe Board of County Commissioners

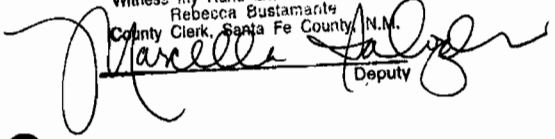

Paul Duran, Chairperson

1982207

ATTEST:

for Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Steve Kopelman, County Attorney

1174/183
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 25 day of Sept A.D.
20 01 at 8:43 o'clock Am
and was duly recorded in book 1982
page 204-207 of the records of
Santa Fe County

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

Deputy