

# SANTA FE COUNTY

## RESOLUTION 2001 - 170

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

Whereas, the Board of County Commissioners meeting in regular session on October 30, 2001, did request the following budget adjustment:

Department / Division: C.H.D.D. / Capital Projects Fund Name: State Special Appropriations

Budget Adjustment Type: Net Budget 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
318	0438	371	00-00	State Grants		\$ 110,000
318	0438	385	02-00	Budgeted Cash / State Funds		22,718
318	0439	371	00-00	State Grants		5,569
318	0441	371	00-00	State Grants		850
318	0442	371	00-00	State Grants		27,655
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)</b>						166,792

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
318	0438	481	40-01	Buildings & Structures		1,000
318	0438	481	50-03	Professional Services		2,292
318	0438	481	70-37	Printing/Publishing/Ads		500
318	0438	481	80-01	Capital Purchases / Buildings & Structures		128,926
318	0439	481	50-03	Professional Services		5,569
318	0441	481	50-03	Professional Services		850
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)</b>						139,137

Requesting Department Approval: [Signature] Title: Executive Director Date: 10/19/01

Finance Department Approval: [Signature] Date: 10/24/01 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 10-30-01

2001638

**SANTA FE COUNTY**  
**RESOLUTION 2001 - 170**

**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
318	0443	371	00-00	State Grants	\$ 99,650	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					99,650	

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
318	0442	481	40-01	Buildings & Structures		9,448
318	0442	481	50-03	Professional Services		5,000
318	0442	481	70-37	Printing / Publishing / Ads		500
318	0442	481	80-01	Capital Purchases / Buildings & Structures		12,707
318	0443	481	80-01	Capital Purchases / Buildings & Structures	99,650	
<b>TOTAL (if SUBTOTAL, check here _____)</b>					99,650	166,792

2001639

# SANTA FE COUNTY

## RESOLUTION 2001 - 170

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya Dept/Div: C.H.D.D. / Capital Projects Phone No.: 992-3055

**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 will be a net decrease to fund 318 State Special Appropriations. This request will realign the fiscal year 2002 budget with the fiscal year 2001 cash balance available for expenditure in fiscal year 2002. This request involves several projects. Please see attached worksheets.
  
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?  
Funds for the fund 318 State Special Appropriations were budgeted in fiscal year 2002; however, the amount of budget to bring over from fiscal year 2001 was not certain until after the fiscal year 2002 operating budget process.
  
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This transfer is non-recurring and there are no future funding impacts.
  
- 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 request involves several state special appropriations. Numbers and amounts of grants are stated on attached revenue vs. expenditure analysis worksheets.
  
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.

2001040

**SANTA FE COUNTY**  
**RESOLUTION 2001 - 170**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya Dept/Div: C.H.D.D. / Capital Projects Phone No.: 992-3055

**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.  
N/A
  
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This request will have a net decrease to the Capital Purchases category in order to realign fiscal year 2002 budget to fiscal year 2001 cash balance.
  
- 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.

2001641

SANTA FE COUNTY

RESOLUTION 2001 - 170

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 30th Day of October, 2001.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson

2001642



Rebecca Bustamante, County Clerk

Approved As To Form.

Steven Kopelman, County Attorney



1178 827

COUNTY OF SANTA FE } ss  
STATE OF NEW MEXICO

I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED FOR RECORD ON THE 31 DAY OF OCT A.D. 20 01 AT 11:47 O'CLOCK a.M. AND WAS DULY RECORDED IN BOOK 2001 PAGE 038-642 OF THE RECORDS OF SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY