

SANTA FE COUNTY
RESOLUTION 2001- 44

1880200

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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 March 27, 2001, did request the following budget adjustment:

Department/Division: Community Health & Economic Development

Fund Name: CDBG / Teen Center - Sombrillo

Budget Adjustment Type: Budget Decrease

Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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
250	0464	372	01-00	Federal / CDBG (HUD)		\$ 149,963
250	0464	360	01-00	Contributions / Donations	\$ 25,000	
250	0464	371	00-00	Grants / State	122,500	
TOTAL (if SUBTOTAL, check here)					\$ 147,500	\$ 149,963

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
250	0464	481	80-01	Capitalized: Buildings & Structures		\$ 2,463
TOTAL (if SUBTOTAL, check here)						\$ 2,463

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 03/20/01

Finance Department Approval: Katherine Miller Date: 3/20/01

Entered by: _____

Date: _____

County Manager Approval: [Signature]

Date: 3-20-01

SFC CLERK RECORDED 07/19/2004

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development

Phone #: 992-3860

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 decreases the Santa Fe County Multi Purpose Teen Center Project in order to realign the FY 2001 Budget with the remaining FY 2000 cash balances. This BAR also reclassifies the Multi Purpose Teen Center revenue sources into their appropriate line items.
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
 A request for The Multi Purpose Teen Center Project was included in the Fiscal Year 2001 Operating Budget; however, the budget rolled over into our current fiscal year was too much.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
 This budget decrease and the resulting expenditures are non-recurring. 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 is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

Program Name:	Multi Purpose Teen Center Project
Amount of Award:	\$ 231,250
	\$ 122,500
	\$ 297,980

Program Number:	B-00-SP-NM-0264
	SAP # 99 -L-NR-1-3-G395
	CDBG # 99-C-NR-3-G12

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development

Phone #: 992-3060

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 the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available funds that can be used 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 BAR decreases the Capital Purchases category (Buildings / Structures Line Item) by \$ 2,463.
- 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 BAR has no FTE impact.

SFC CLERK RECORDED 07/19/2004

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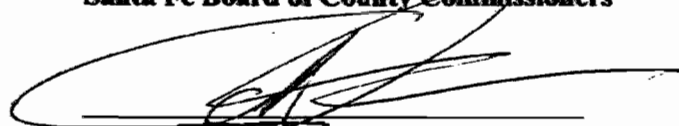
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of March, 2001.

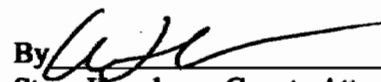
Santa Fe Board of County Commissioners


 Paul Duran, Chairperson

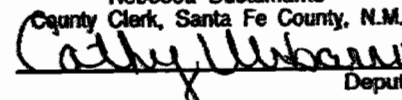
ATTEST


 Rebecca Bustamante, County Clerk

Approved As To Form.

By 
 Steve Kopelman, County Attorney



COUNTY OF SANTA FE
 STATE OF NEW MEXICO 11501 SS 329
 I hereby certify that this instrument was filed
 for record on the 29 day of March, D.
 20 01 at 409 o'clock P.m.
 and was duly recorded in book 1880
 page 700-703 of the records of
 Santa Fe County
 Witness my Hand and Seal of Office
 Rebecca Bustamante
 County Clerk, Santa Fe County, N.M.

 Deputy