

SANTA FE COUNTY

RESOLUTION 2001 - 54

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 24, 2001, did request the following budget adjustment:

Department / Division: County Manager Fund Name: Facility Bond 97 Proceeds and State Special Appropriations

Budget Adjustment Type: Budget Transfer Between Funds 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
370	0150	390	0300	Operating Transfer In / From Special Revenues	250,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					250,000	

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
370	0150	481	8002	Capital Purchases / Building Capital. Cont. Svc.	42,000	
370	0150	481	8004	Capital Purchases / Furniture & Fixtures	100,000	
370	0150	481	8005	Capital Purchases / Land Acquisitions		611,513
370	0150	481	8001	Capital Purchases / Buildings & Structures	699,513	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					841,513	611,513

Requesting Department Approval: [Signature] Title: Finance Director Date: _____

Finance Department Approval: [Signature] Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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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
370	0150	481	7044	Other Operating Costs / Interest	5,000	
370	0150	481	7045	Other Operating Costs / Penalties	15,000	
318	0443	490	0100	Operating Transfer Out	250,000	
318	0443	481	8001	Capital Purchases / Buildings & Structures		250,000
TOTAL (if SUBTOTAL, check here _____)					1,111,513	861,513

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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 increase the Public Safety Complex bond fund to establish budget for construction contract award.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
 During Fiscal Year 1999 an operating transfer was approved from fund 370 to fund 318 for construction of a detox center. During subsequent years, additional funding was appropriated from other sources for this purpose and therefore the operating transfer was no longer necessary.

- 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:
 - 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

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 necessary for award of IFB #21-36.
d) Please identify other funding sources that can be used to match this request. None are identified at this time.
5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
Construction and design of the Public Safety Complex \$4,360,000
Furniture and Fixtures \$ 350,000
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 24th Day of April, 2001.

Santa Fe Board of County Commissioners

[Signature]
Paul Duran, Chairperson



[Signature]
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
Steven Kopelman, County Attorney



1153 500
COUNTY OF SANTA FE
STATE OF NEW MEXICO } SS
I hereby certify that this instrument was filed
for record on the 25 day of Apr A.D.
20 01 at 12:00 o'clock P.M.
and was duly recorded by book 1893
page 240-244

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