

SANTA FE COUNTY

RESOLUTION 2001 - 68

Page 1 of 6**A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM**

Whereas, the Board of County Commissioners meeting in regular session on May 29, 2001, did request the following budget adjustment:

Department / Division: Land Use / Regional Planning Authority Fund Name: General Fund and Regional Planning Authority FundBudget 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
101	0508	380	0100	Joint Powers Agreement / City of Santa Fe		76,935
501	0508	380	0100	Joint Powers Agreement / City of Santa Fe	76,935	
501	0508	390	0100	Operating Transfer In / From General Fund	100,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					176,935	76,935

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	0508	414	1021	Salary & Wages / Exempt Employees		37,500
101	0508	414	1026	Salary & Wages / Term Employees		8,824
101	0508	414	2001	Employee Benefits / FICA Regular		2,872
101	0508	414	2002	Employee Benefits / FICA Medicare		672
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						49,868

Requesting Department Approval: Katherine Miller Title: Finance Director Date: 5/23/01Finance Department Approval: Katherine Miller Date: 5/23/01 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 5-29-01

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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	0508	414	2003	Employee Benefits / Retirement Contributions		8,840
101	0508	414	2005	Employee Benefits / Health Care		1,548
101	0508	414	2006	Employee Benefits / Retiree Health Care		463
101	0508	414	4001	Maintenance / Buildings & Structures		1,000
101	0508	414	4006	Maintenance / Equipment		1,000
101	0508	414	5090	Contractual Services / Other Contractual Services		78,566
101	0508	414	6007	Supplies / Office Supplies		11,250
101	0508	414	7002	Other Operating Costs / Rent of Land / Buildings		10,000
101	0508	414	7003	Other Operating Costs / Telephone		1,000
101	0508	414	7037	Other Operating Costs / Printing / Publishing		2,000
101	0508	414	8003	Capital Purchases / Equipment & Machinery		11,000
101	0508	414	8004	Capital Purchases / Furniture & Fixtures		400
101	0000	490	0100	Operating Transfer Out	100,000	
501	0508	414	1021	Salary & Wages / Exempt Employees	37,500	
501	0508	414	1026	Salary & Wages / Term Employees	8,824	
501	0508	414	2001	Employee Benefits / FICA Regular	2,872	
TOTAL (if SUBTOTAL, check here X)					149,196	176,935

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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 not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
None have been 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.
This request does not increase or decrease the budgeted amount for capital purchases.
- 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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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 transfers the budget for the Regional Planning Authority from the General Fund to its own proprietary fund.
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
Resolution 2001-21 approved at the February 27, 2001 Board of County Commissioners meeting established budget for the Regional Planning Authority.
- 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 not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
None have been 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.
This request does not increase or decrease the budgeted amount for capital purchases.
- 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.

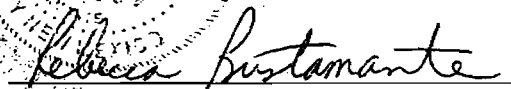
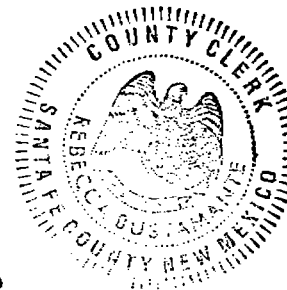
Approved, Adopted, and Passed This 29th Day of May, 2001.

Santa Fe Board of County Commissioners



Paul Duran, Chairperson

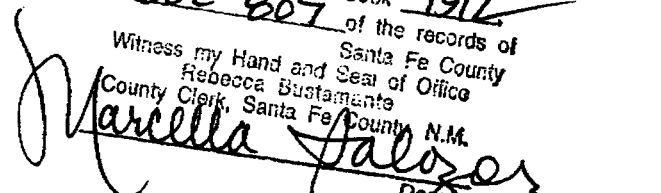
ATTEST


Rebecca Bustamante, County Clerk

Approved As To Form.


By Steven Kopelman, County Attorney

1157978
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 30 day of May A.D.
20 01 at 11:18 o'clock PM
and was duly recorded in book 1912
page 802-807 of the records of

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

Deputy

1912807