

RESOLUTION 2001 - 70

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	9, 2001, did request the following b	udget adjustment:

Department / Division: Santa Fe County Sheriff

Fund Name: D.A.R.E. Contribution Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001 (July 1, 2000 – June 20, 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	0000	360	0107	D.A.R.E Contribution Fund	300.00	
TOTAL (i	f SUBTOTAL, ch	eck here)			300.00	

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	1201	424	60-09	Supplies/Educational Supplies	300.00	
TOTAL (i	f SUBTOTAL, ch	eck here)		<i>1</i>	300.00	

TOTAL (if SUBTOTAL, check here)	300.00	
Requesting Department Approval: North Title: Uncles he from Finance Department Approval: Date: 5/23/0/ Entered by:		ate: <u>0510-0</u> 1 ate:

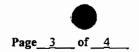
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ATTACH ADDITIONAL SHEETS IF NECESSARY

AIIAC	ADDITIONAL SHEETS IF NECESSAKI.	
DEPAI	TMENT CONTACT:	
Name:	Raymond L. Sisneros Dept/Div: County Sherifff Phone No.: 986-2400	
	LED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name her laws, regulations, etc.):	ne and award
• 1)	Please summarize the request and its purpose. This request is to budget money donated to the Santa Fe County D.A.R.E. unit.	
• 2)	Why was this request not included in the fiscal year 2001 Operating Budget? This information was unknown at the time the fiscal year 2001 operating budget was being prepared. These are donations.	
• 3)	Is the transfer recurring or non-recurring and what are the future funding impacts of this request? This request is non-recurring for this fiscal year.	
• 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. This request is not a state or federal grant.	• •

SANTA FIROUNTY



RESOLUTION 2001 - 70

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPA	RTMENT	CONTA	CT
DEFA		CUNIA	

Name: Raymond L. Sisneros Dept/Div: County Ster; ff Phone No.: 986-2400

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.
 There are no other funding sources 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 request does not impact the Capital Purchase category.
- Object 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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SANTA FROUNTY



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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

ATTEOLOGICA

Rebecca Bustamante, County Clerk

Approved As To Form.

Steven Kopelman, County Attorney

COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed for record on the 30 day of Moula D

of the records of Santa Fe County

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

12818

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2EC CLERK RECORDED 07/20/2004

GM200I04 SANTA FE COUNTY Fiscal Year 2001 Account Balance Inc		5/22/01 10:08:27
Account number : 101-0000-360.01-07 Fund : 101 GENERAL FUND Department : 00 Division : 00 Activity basic . : 36 MISC. REVENUE Sub activity : 0 MISC. REVENUE Element : 01 CONTRB, DONATION Object : 07 D.A.R.E. PROGRAM	& AGRMNT	1912819
Estimated revenue :	0	
Actual receipts - current : Actual receipts - ytd : Unposted receipts : Total receipts : Unrealized revenue :	.00 .00 300.00 300.00 300.00-	0.0%

F3=Exit F7=Project information F10=Detail transactions F12=Cancel F20=Imaging F24=More keys