

SANTA FE COUNTY

RESOLUTION 2003 - 102

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

Whereas, the Board of County Commissioners meeting in regular session on August 12, 2003, did request the following budget adjustment:

Department / Division: Finance

Fund Name: Rio En Medio Capital Project Fund, General Fund, Water Enterprise Fund

Budget Adjustment Type: Budget Transfers Between Funds

Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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
315	0000	390	0100	Operating Transfer In	74.04	
101	0000	390	0500	Operating Transfer In	4,377.00	
TOTAL (if SUBTOTAL, check here )					4,451.04	

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
315	0000	481	4003	Maintenance / Grounds & Roadways	74.04	
101	0000	490	0100	Operating Transfer Out	74.04	
101	0301	412	1090	Salary & Wages / Other Wages		74.04
505	1410	490	0100	Operating Transfer Out	4,377.00	
TOTAL (if SUBTOTAL, check here X )					4,525.08	74.04

Requesting Department Approval: Jessie C. Martinez Title: Accounting Supervisor Date: \_\_\_\_\_

Finance Department Approval: Susan H. Luna Date: 8/6/03 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2022170

2622174

SANTA FE COUNTY

RESOLUTION 2003 - 102

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
505	1410	444	2005	Employee Benefits / Healthcare		108.00
505	1410	444	4006	Maintenance / Equipment		1,054.00
505	1410	444	4007	Maintenance / Supplies		198.00
505	1410	444	5003	Contractual Services / Professional Services		963.00
505	1410	444	6008	Supplies / Field Supplies		212.00
505	1410	444	7004	Electricity		707.00
505	1410	444	8004	Capital Purchases / Furniture & Fixtures		1,135.00
101	0301	412	1090	Salary & Wages / Other Wages	4,377.00	
TOTAL (if SUBTOTAL, check here )					8,902.08	4,451.04

2622175

SANTA FE COUNTY

RESOLUTION 2003 - 102

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Susan Lucero Dept/Div: Finance Phone No.: 986-6375

**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.  
Request is to transfer budget between funds for the completion of prior period audit adjustments.
  
- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?  
These adjustments were not know until after the preliminary audit review after the fiscal year end.
  
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
These transfer are 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.

## SANTA FE COUNTY

RESOLUTION 2003 - 102

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Susan Lucero Dept/Div: Finance Phone No.: 986-6375

**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 reduces the capital purchases category for the Water enterprise fund.
- 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.

2622177

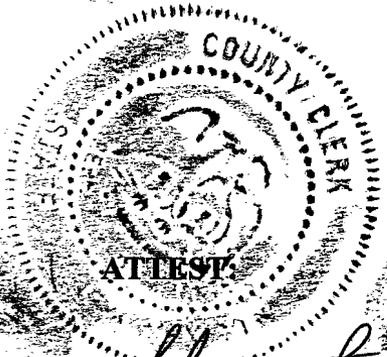
SANTA FE COUNTY  
RESOLUTION 2003 - 102

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 12<sup>th</sup> Day of August, 2003.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Jack Sullivan, Chairperson

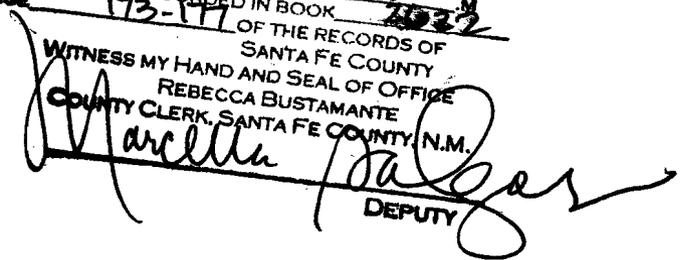


  
\_\_\_\_\_  
Rebecca Bustamante, County Clerk

Approved As To Form.

By  8-6-03  
\_\_\_\_\_  
County Attorney



1283.518  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 14 DAY OF Aug A.D.  
20 03 AT 9:08 O'CLOCK  
AND WAS DULY RECORDED IN BOOK 2032  
PAGE 173-177 OF THE RECORDS OF  
SANTA FE COUNTY  
WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
  
\_\_\_\_\_  
DEPUTY