

SANTA FE COUNTY

RESOLUTION 2003 - 86

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

Whereas, the Board of County Commissioners meeting in regular session on June 24, 2003, did request the following budget adjustment:

Department / Division: County Manager / Recreation Fund Name: Recreation Fund

Budget Adjustment Type: Budget Increase 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
217	0000	385	0200	Budgeted Cash	4,000	
TOTAL (if SUBTOTAL, check here)					4,000	

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
217	0120	432	5090	Contractual Services / Other Contractual Services	4,000	
TOTAL (if SUBTOTAL, check here)					4,000	

Requesting Department Approval: [Signature] Title: 6-24-03 Date: _____

Finance Department Approval: [Signature] Date: 6/17/03 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 6-24-03

2567260

SANTA FE COUNTY

RESOLUTION 2003 - 86

2567261

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Tila Rendon Dept/Div: Manager Phone No.: 986-6200

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 budget fiscal year 2002 cash balance to be used for the Town of Edgewood Youth Events Summer Program for fiscal year 2003.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
This request was unknown when the fiscal year 2003 operating budget was prepared.

- 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.

2567262

SANTA FE COUNTY
RESOLUTION 2003 - 86

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Tila Rendon Dept/Div: Manager Phone No.: 986-6200

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 for 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 purchases category.
- 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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SANTA FE COUNTY

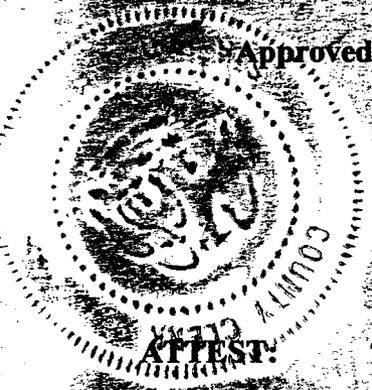
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 24th Day of June, 2003.

Santa Fe Board of County Commissioners

Jack Sullivan
Jack Sullivan, Chairperson

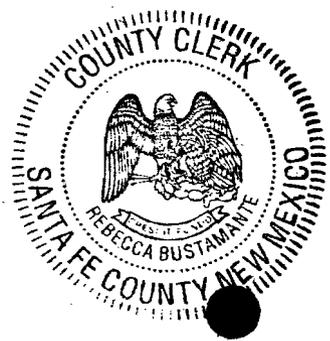


Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
County Attorney

1273.887
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 24 DAY OF June A.D.
20 03 AT 3:37 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2507
PAGE 260-263 OF THE RECORDS OF
SANTA FE COUNTY



WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
Marcella Pagan
DEPUTY