

SANTA FE COUNTY

RESOLUTION 2004 - 53

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 11, 2004, did request the following budget adjustment:

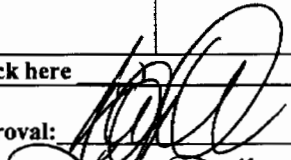
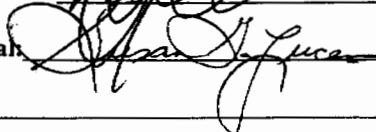
Department / Division: Project & Facilities Mgmt / Teen Center Fund Name: Community Development Block GrantsBudget Adjustment Type: Budget Increase Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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
250	0764	360	0100	Contributions / Donations	5,000	
TOTAL (if SUBTOTAL, check here)					5,000	

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
250	0764	481	8001	Capital Purchases / Buildings & Structures	5,000	
TOTAL (if SUBTOTAL, check here)					5,000	

Requesting Department Approval:  Title: FFND DIRECTOR Date: _____Finance Department Approval:  Date: 5/4/04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Tony Flores Dept/Div: Project & Facilities Mgmt. Phone No.: 992-9860

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 is to budget a required federal match contribution of \$5,000 from Hands Across Cultures to be used towards the construction of the Arroyo Seco Teen Center.
- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?
This contribution was received after the fiscal year 2004 operating budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase 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.
CDBG #99-C-NR-I-3-G12 for \$297,980

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DEPARTMENT CONTACT:

Name: Tony Flores Dept/Div: Project & Facilities Mgmt. Phone No.: 992-9860

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.
The County has contributed a \$40,000 cash match for this project.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request will be used towards the construction of the Arroyo Seco Teen Center.
- 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 11th Day of May 2004.

Santa Fe Board of County Commissioners

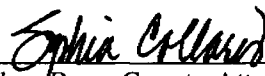

Paul Campos, Chairperson



ATTEST:


Rebecca Bustamante, County Clerk

Approved As To Form.

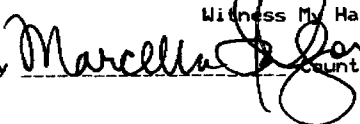
By 
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 12TH Day Of May, A.D., 2004 at 15:14
And Was Duly Recorded as Instrument # **1327888**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
Deputy  County Clerk, Santa Fe, NM