

SANTA FE COUNTY

RESOLUTION 2006 - 187

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

Whereas, the Board of County Commissioners meeting in regular session on November 28, 2006 did request the following budget adjustment:

Department / Division: Projects & Facilities Management / Admin

Fund Name: State Special Appropriations Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2007 (July 1, 2006 - June 30, 2007)

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
318	0768	371	9000	Esperanza Shelter/Special Appropriations State	396,000	
318	0759	371	9000	Santa Fe County Fairgrounds/Special Appropriations/State	100,000	
318	0775	371	9000	Women's Health Services Complex/Special Appropriations State	990,000	
318	0758	371	9000	La Cienega Community Park/Special Appropriations State	50,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					1,536,000	

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
318	0768	481	8001	Esperanza Shelter/Capital/Bldg. Structures	396,000	
318	0759	481	8001	Santa Fe County Fairgrounds/Capital/Bldg. Struct.	100,000	
318	0775	481	8001	Women's Health Services Complex/Capital /Bldg. Structures	990,000	
318	0758	481	8005	La Cienega Community Park/Capital/Land Acquisitions	50,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					1,536,000	

Requesting Department Approval: [Signature]

Title: PFMD DIRECTOR

Date: 11/9/06

Finance Department Approval: [Signature]

Date: 11/15/06

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

SANTA FE COUNTY

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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
318	0774	371	9000	Parker Property/Special Appropriations State	100,000	
318	0792	371	9000	St. Vincent's Regional Medical Center/Special Appropriations State	841,500	
318	0793	371	9000	Cerrillos Multipurpose Center/Special Appropriations State	247,500	
318	0788	371	9000	Agua Fria Children's Zone/Special Appropriations State	100,000	
TOTAL (if SUBTOTAL, check here)					2,825,000	

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
318	0774	481	8005	Parker Property/Capital Purchase/ Land Acquisitions	100,000	
318	0792	481	8001	St. Vincent's Regional Medical Center/Capital Purchase/ Bldg. Structures	841,500	
318	0793	481	8001	Cerrillos Multipurpose Center/Capital Purchase/Bldg. Structures	247,500	
318	0788	481	8001	Agua Fria Children's Zone/Capital Purchase/Bldg. Structures	100,000	
TOTAL (if SUBTOTAL, check here)					2,825,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam

Dept/Div: PFMD/Admin.

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.
The P&FM Department is requesting to budget appropriations from State Special Appropriations Fund.
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
State Appropriations became available in August 2006.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This request 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.
St. Vincent's Regional Medical Center - 06-L-G-520 - \$841,500
Esperanza Shelter - 06-L-G-521 - \$396,000
Santa Fe County Fairgrounds - 06-L-G-522 - \$100,000
Women's Health Services Complex - 06-L-G-523 - \$990,000
La Cienega Community Park - 06-L-G-524 - \$50,000
Cerrillos Multipurpose Center - 06-L-G-530 - \$247,500
Agua Fria Children's Zone - 06-L-G-533 - \$100,00
Parker Property - 06-L-G-535 - \$100,000
 - b) If this is a state or federal grant, cite grant name, number, award date and amount. N/A

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam

Dept/Div: PFMD/Admin.

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.
N/A
 - d) Please identify other funding sources that can be used to match this request.
N/A
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
The Capital Purchases/Bldg. Structures category will be used for new construction on some of the projects and the Capital Purchase/Land Acquisitions will be used to purchase land on other projects.
- 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.
N/A


SANTA FE COUNTY

RESOLUTION 2006 - 107

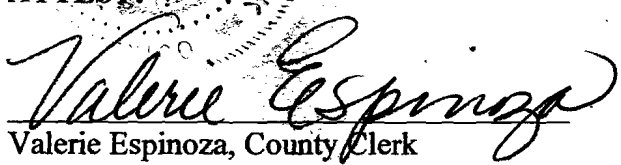
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

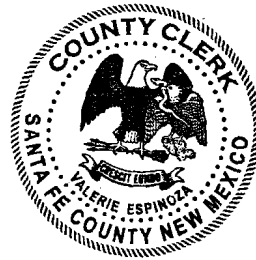
Approved, Adopted, and Passed This 28th Day of November, 2006.

Santa Fe Board of County Commissioners

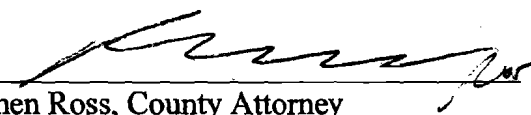

Harry Montoya, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



Approved As To Form.

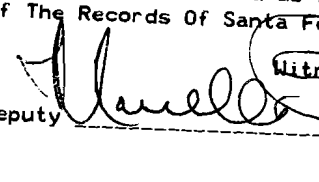
By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of November, A.D., 2006 at 14:23
And Was Duly Recorded as Instrument # 1461101
Of The Records Of Santa Fe County

Deputy


Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM