

**SANTA FE COUNTY**

**RESOLUTION 2009 - 166**

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

Whereas, the Board of County Commissioners meeting in regular session on September 29, 2009, did request the following budget adjustment:

Department / Division: Growth Management / Transfer Stations Fund Name: GOB Series 2001 Fund (353)

Budget Adjustment Type: Budget Decrease Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
353	0608	385	0400	Budgeted Cash		698,708
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>698,708</b>

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
353	6150	481	8002	Capital / Building Capitalized Contractual Services		698,708
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>698,708</b>

Requesting Department Approval: *Diana Martinez* Title: *Finance Division Director* Date: *9/29/09*

Finance Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**

**RESOLUTION 2009 - 166**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Teresa Martinez Dept/Div: ASD / 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 decrease the GOB Series 2001 Fund (353) by \$698,708 to realign the fiscal year 2010 budget with the available bond balance. During the fiscal year 2010 budget preparation, an estimated amount was included for Fund 353. This request is to reduce the budgeted amount to the actual bond balance.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
8002	Reduce budget to actual available bond balance	-\$698,708

- 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense  X

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Teresa Martinez Dept/Div: ASD / 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.):**

- 3) 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, YES \_\_\_\_\_ NO X  
If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES \_\_\_\_\_ NO X  
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.  
There are no other funding sources to match this request.

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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 September, 2009.

Santa Fe Board of County Commissioners

*[Handwritten Signature]*  
Mike D. Anaya, Chairperson

ATTEST:

*[Handwritten Signature]*  
Valerie Espinoza, County Clerk



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 30TH Day Of September, 2009 at 02:19:13 PM  
And Was Duly Recorded as Instrument # 1578762  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
*[Handwritten Signature]* Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM