

RESOLUTION 2009 - 191

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

Whereas, the Board of County Commissioners meeting in regular session on October 27, 2009, did request the following budget adjustment:

Department / Division: Growth Management / Public Works / Project Development Fund Name: Road Project Fund (311)

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
311	0661	371	0200	State Grant Agreement – South Meadows		(\$159,094)
311	0668	371	0200	State Grant Agreement – La Tierra Subdivision		(\$575)
311	6114	371	0200	State Grant Agreement – Cerro Del Alamo/Sunset		(\$11,300)
311	6125	371	0200	State Grant Agreement – CR 88G		(\$25,320)
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						(\$196,289)

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
311	0661	453	8010	State Grant Agreement – South Meadows		(\$159,094)
311	0668	453	8010	State Grant Agreement – La Tierra Subdivision		(\$575)
311	6114	453	8010	State Grant Agreement – Cerro Del Alamo/Sunset		(\$11,300)
311	6125	453	8010	State Grant Agreement – CR 88G		(\$25,320)
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						(\$196,289)

Requesting Department Approval: *Terico Jancz* Title: Admin Manager Date: 10/19/09

Finance Department Approval: *Wanda Martinez* Date: 10/20/09 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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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
311	6147	371	0200	State Grant Agreement – CR 84G		(\$96,120)
311	6155	371	0200	State Grant Agreement – Sloman Lane		(\$29,133)
TOTAL (if SUBTOTAL, check here _____)						(\$321,542)

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
311	6147	453	8010	State Grant Agreement – CR 84G		(\$96,120)
311	6155	453	8010	State Grant Agreement – Sloman Lane		(\$29,133)
TOTAL (if SUBTOTAL, check here _____)						(\$321,542)

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Denice Sanchez Dept/Div: Growth Management / Public Works / Proj Dev Phone No.: 992-3023

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.
 Correct the error in budgeted amounts related to above noted projects. Budget amounts did not include expenses made in June 2009.

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
8010	Grant Agreements	(\$321,542)

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

SANTA FE COUNTY

SEC CLERK RECORDED 10/28/2009

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Denice Sanchez, Administrative Manager Dept/Div: Growth Management/Public Works/Project Development Phone No.: 992-3023

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 X NO
b) Does this include state or federal funds? YES X NO
c) Is this request is a result of Commission action? YES NO X
d) Please identify other funding sources used 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 27th Day of October, 2009.

Santa Fe Board of County Commissioners

[Signature]
Michael Anaya, Commission Chairperson

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



BCC RESOLUTIONS
PAGES: 5
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of October, 2009 at 12:51:35 PM
And Was Duly Recorded as Instrument # 1581393
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy [Signature]