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

Whereas, the Board of County Commissioners meeting in regular session on March 30, 2010, did request the following budget adjustment:

Department /	Division: <u>P</u> u	ıblic Works / Pr	oject Developme	ent_ Fund Name: _	(213) Capi	tal Outlay G	RT_			
Budget Adjus	tment Type:	Budget Inci	rease		_ Fiscal Year: _	2010 (July 1	, 2009 -	June 30, 2	2010)_	
BUDGETED	REVENUES	: (use continuatio	n sheet, if necessar	ry)			/ ·		,	
FUND DE CODE XXX	PARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX		RÉVENUE NAME			NCREASE AMOUNT	2.7	DECREASE AMOUNT
213	0610	385	0200	Bu	dgeted Cash		` `	\$212,356	, . '	
, 2	-			1		' V " ' '		· · · ·		
TOTAL (if SU	BTOTAL, ch	eck here)		x 5, 1 3 3 4	W 1/ 1/	* :		\$212,356		
BUDGETEI) EXPENDI	TURES: (use co	ontinuation sheet, i	f necessary)			-		. ` .	
FUND DE CODE XXX	PARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEG	ORY/LINE ITEM NAME			NCREASE AMOUNT		DECREASE AMOUNT
213	6170	481	8011	Roadways Capi	tal Construction S	ervices		\$212,356	-	~ ,
							,	•	, ,	
TOTAL (if SU	BTOTAL, ch	eck here)		L				\$212,356		and the second second
Requesting De	epartment Ap	proval: JU	icafori	Tid	e: adm	in W	lan	ager	Da	te: 3 1 2010
Finance Depar	rtment Appro	val: GUGA	Marlon	Date: <u>3/8//</u> 0	_ Entere	ed by:		<u> </u>	Da	te:
County Mana	ger Approval		0	Date:	Updat	ed by:			Da	te:

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ATTACH	ADDITIONAL	SHEETS I	F NECESSARY

RTMENT CONTACT:	Name: <u>Denice Sanchez</u>	Dept/Div: Public Work	s Department / Road	Projects	Phone No.: 992	<u>2-3023 </u>
,			7 . 7		,	
LILED JUSTIFICATION I	FOR REQUESTING BUDGET A	ADJUSTMENT (If applicab	le, cite the following	authority: Sta	te Statute, grant i	name and award
other laws, regulations, etc.	.);`					
Please summarize the req	uest and its purpose.			` ,	`-	
_						•
SFC will be pigg	dening of CR 98. Based on the Rec gy backing off the City of Santa Fe Santa Fe Contract # 08-0086 Expir	(recordation) #08-0086 Expi				
a) Employee Actions						
Line Item	Action (Add/Delete Position,	Reclass, Overtime)	Position Type (pern	nanent, term)	Position Title	· · · · ·
		· · · · · · · · · · · · · · · · · · ·	- "			
· /~ .		, ,		· · ·	-	· · · · ·
			_	,	† .	,
					I	
	<u> </u>					le
b) Professional Services ((50-xx) and Capital Category (80-x	xx) detail:).		
b) Professional Services (Line Item	Detail (what specific things, co	ontracts, or services are being	added or deleted)	32 2 ³ 2 2 3	. /*	Amount
		ontracts, or services are being	g added or deleted)	\$. *	Amount \$212,356
Line Item	Detail (what specific things, co	ontracts, or services are being	; added or deleted)	5		
Line Item	Detail (what specific things, co	ontracts, or services are being	g added or deleted)			
Line Item	Detail (what specific things, co	ontracts, or services are being	gadded or deleted)			

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	` \			, <				C	* *	N.	`		
DEPAR	RTMENT CON	ITACT:			, ,	~ .	: 19	7 · ·	``,	, ,		<i>j.</i>	- 1
			~ · · · · · · · · · · · · · · · · · · ·	, The second			٠, ٠	7		, =			
Name:	Denice Sanch	nez, Administrat	ive Manager	Dept/Di	iv: Publ	ic Works E) epartmer	nt / Road F	rojects	Ph	one No.:	992-3023	
~~	·			<u>F</u>		. (, ,		_		7 -	
	` ` ` ` ` ` ` ` ` ` ` .						C						* / * 2
	() / "	, ,	REQUESTING E	BUDGET AD	JUSTMI	ENT (If app	olicable, c	ite the foll	owing aut	hority:	State Sta	tute, grant	name and a
date, ot	ther laws, regu	lations, etc.):		1 1			- \$44 - 1	')	£ 1		-		-
	ć.	3	-		E-100 H	, ``			**			, , .	
• 3)	Does this requ	est impact a reve	nue source? If so	, please ident	ify (i.e. G	eneral Fund	, state fund	ds, federal	funds, etc.), and ad	dress the	following:	
		. •	l appropriation,	-	NO	1.4			5.0			Ü	,
* .				C / 53	-								
	If YE	ES, cite statute and	a attach a copy.	, ,			, ,		-	·	·/*		
	If YE	ES, cite statute and	α attacn a copy.		?					· · · · ·	·/*		
	If YE	ES, cite statute and	a attach a copy.										
) (VEC.	NO						/ / / / / / / / / / / / / / / / / / /		
	• b) Does	this include state	e or federal funds?			X ropriation.	or include	grant name	e. number.	award da	ate and ar	mount, and a	attach a copy
	• b) Does	this include state	e or federal funds?				or include	grant name	e, number,	award da	ate and ar	mount, and a	attach a copy
	• b) Does	this include state	e or federal funds?				or include	grant name	e, number,	award da	ate and ar	mount, and a	attach a copy
	• b) Does If YE awar	this include state S, please cite and d letter and propo	e or federal funds? d attach a copy of osed budget.	statute, if a s	pecial app	ropriation,	or include	grant name	e, number,	award da	ate and ar	mount, and a	attach a copy
	 b) Does If YE aware c) Is thi 	this include state S, please cite and d letter and propo	e or federal funds? d attach a copy of osed budget. ult of Commission	statute, if a space action? YES	pecial app	ropriation,			· · · · · · · · · · · · · · · · · · ·		ate and ar	mount, and a	attach a copy
	 b) Does If YE aware c) Is thi 	this include state S, please cite and d letter and propo	e or federal funds? d attach a copy of osed budget.	statute, if a space action? YES	pecial app	ropriation,			· · · · · · · · · · · · · · · · · · ·		ate and ar	mount, and a	attach a copy

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 30th Day of March, 2010.

Santa Fe Board of County Commissioners

Harry Montoya, Comphission Chairperson

ATTEST:

Valerie Espinoza, County Clerk





COUNTY OF SANTA FE STATE OF NEW MEXICO

BCC RESOLUTIONS PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of March, 2010 at 10:26:08 AM And Was Duly Recorded as Instrument # 1594723 Of The Records Of Santa Fe County

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Deputy Michigan

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