SFC CLERK RECORDED 05/26/2010

SANTA FE COUNTY

RESOLUTION 2010 - 93

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 25, 2010, did request the following budget adjustment:

Department / Division: Community Services/Project Development

Fund Name: 318 & 250 State Appropriations

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
318	7111	371	9000	Abedon Lopez Senior Center/St. Spec. Approp.		30,657
318	7114	371	9000	Detention Facilities/St. Spec. Approp.		13,580
318	0788	371	9000	Agua Fria Children's Zone/St. Spec. Approp.		293,750
318	0749	371	9000	Agua Fria Community Center/St. Spec. Approp.		117,599
TOTAL (if SUBTOTAL, check here X)						455,586

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	7111	481	8001	Abedon Lopez Senior Center/Capital Purchases		30,657
318	7114	481	8001	Detention Facilities/Capital Purchases		13,580
318	0788	481	8001	Agua Fria Children's Zone/Capital Purchases		293,750
318	0749	481	8001	Agua Fria Community Center/Capital Purchases		117,599
TOTAL (if SUBTOTAL, check here X)						455,586

Requesting Department Approval: Joseph Gutierrez, [signature] **Title:** Director, Community Services Department **Date:** April 29, 2010

Finance Department Approval: [signature] **Date:** 5/6/10 **Entered by:** ____ **Date:** ____

County Manager Approval: ____ **Date:** ____ **Updated by:** ____ **Date:** ____

SFC CLERK RECORDED 05/26/2010

SANTA FE COUNTY

RESOLUTION 2010 - 93

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	0732	371	9000	Agua Fria Park/St. Spec. Approp.		1,531
318	0795	371	9000	Camino Real Park Bridge/Spec. Approp.		250,000
318	7105	371	9000	Clerks Digital Equipment/St. Spec. Approp.		340
318	7102	371	9000	Clubhouse Model Facility/St. Spec. Approp.		15,000
318	0785	371	9000	First Choice Clinic/St. Spec. Approp		8,407
318	0737	371	9000	Edgewood Senior Center/St. Spec. Approp.		119,060
318	7116	371	9000	Clubhouse Facility El Mirador/St. Spec. Approp.		10
318	0759	371	9000	SFC Fairgrounds/St. Spec. Approp.		168,845
318	0787	371	9000	SF Headstart/St. Spec. Approp.		2,545
318	0765	371	9000	La Cienega Comm. Center/St. Spec. Approp.		111,709
318	0758	371	9000	La Cienega Park/St. Spec. Approp.		143,474
TOTAL (if SUBTOTAL, check here __X__)						1,276,507

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	0732	481	8001	Agua Fria Park/Capital Purchases		1,531
318	0795	481	8001	Camino Real Park Bridge/Capital Purchases		250,000
318	7105	481	8003	Clerks Digital Equipment/Capital Purchases		340
318	7102	481	8009	Clubhouse Model Facility/Capital Purchases		15,000
318	0785	481	8001	First Choice Clinic/Capital Purchases		8,407
318	0737	481	8001	Edgewood Senior Center/Capital Purchases		119,060
318	7116	481	8001	Clubhouse Facility El Mirador/Capital Purchases.		10
318	0759	481	8001	SFC Fairgrounds/Capital Purchases		168,845
318	0787	481	8001	SF Headstart/Capital Purchases		2,545
318	0765	481	8001	La Cienga Comm. Center/Capital Purchases		111,709
318	0758	481	8001	La Cienega Park/Capital Purchases		143,474
TOTAL (if SUBTOTAL, check here __X__)						1,276,507

SFC CLERK RECORDED 05/26/2010

SANTA FE COUNTY

RESOLUTION 2010 - 93

BUDGET ADJUSTMENT CONTINUATION SHEET

2BUDGETED 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	7112	371	9000	Lamy Lady of Light Chapel/St. Spec. Approp.		50,000
318	0779	371	9000	La Familia Medical Center/St. Spec. Approp.		68,782
318	0763	371	9000	La Puebla Comm. Center/St. Spec. Approp.		451,700
318	0741	371	9000	La Puebla Athletic Facilities/St. Spec. Approp.		12,467
318	7108	371	9000	Madrid Restroom Facility/St. Spec. Approp.		6,009
250	0764	371	9000	Teen Center-Arroyo Seco/St. Spec. Approp.		35,643
318	0770	371	9000	NNM Rio Grande Sportsmen/St. Spec. Approp.		20,000
318	0776	371	9000	Pojoaque Comm. Center/St. Spec. Approp.		963,036
318	0748	371	9000	River Trail Corridor/St. Spec. Approp.		50,000
318	0769	371	9000	Senior Housing/St. Spec. Approp.		340,000
TOTAL (if SUBTOTAL, check here _X_)						3,274,144

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	7112	481	8001	Lamy Lady of Light Chapel/Capital Purchases		50,000
318	0779	481	8001	La Familia Medical Center/Capital Purchases		68,782
318	0763	481	8001	La Puebla Comm. Center/Capital Purchases		451,700
318	0741	481	8001	La Puebla Athletic Facilities/Capital Purchases		12,467
318	7108	481	8001	Madrid Restroom Facility/Capital Purchases		6,009
250	0764	481	8001	Teen Center-Arroyo Seco/Capital Purchases		35,643
318	0770	481	8001	NNM Rio Grande Sportsmen/Capital Purchases		20,000
318	0776	481	8001	Pojoaque Comm. Center/Capital Purchases		963,036
318	0748	481	8001	River Trail Corridor/Capital Purchases		50,000
318	0769	481	8001	Senior Housing/Capital Purchases		340,000
TOTAL (if SUBTOTAL, check here _X_)						3,274,144

SFC CLERK RECORDED 05/26/2010

SANTA FE COUNTY

RESOLUTION 2010 - 93

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	0757	371	9000	Stanley Agriculture Center/St. Spec. Approp.		207,279
318	0739	371	9000	Eldorado Library/St. Spec. Approp		52,575
318	0775	371	9000	Women's Health Svs. Center/St. Spec. Approp		100,000
318	0751	371	9000	Madrid Ball Park/St. Spec. Approp.		64,571
318	0790	371	9000	Nambe Headstart CC & Park/St. Spec. Approp.		60,000
318	0768	371	9000	Esperanza Shelter/St. Spec. Approp.		26,372
318	7115	371	9000	Chimayo Museum/St. Spec. Approp.		70,000
318	7109	371	9000	Pojoaque Tennis Courts/St.Spec. Approp.		12,061
TOTAL (if SUBTOTAL, check here _____)						3,867,002

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	0757	481	8001	Stanley Agriculture Center/Capital Purchases		207,279
318	0739	481	8001	Eldorado Library/Capital Purchases		52,575
318	0775	481	8001	Women's Health Svs. Center/Capital Purchases		100,000
318	0751	481	8001	Madrid Ball Park/Capital Purchases		64,571
318	0790	481	8001	Nambe Headstart CC & Park/Capital Purchases		60,000
318	0768	481	8001	Esperanza Shelter/Capital Purchases		26,372
318	7115	481	8001	Chimayo Museum/Capital Purchases		70,000
318	7109	481	8001	Pojoaque Tennis Courts/Capital Purchases		12,061
TOTAL (if SUBTOTAL, check here _____)						3,867,002

SANTA FE COUNTY

RESOLUTION 2010 - 93

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Pamela Lindstam** **Dept/Div: Community Services/Administration** **Phone No.: 992-6759**

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.
  During the 2010 Legislative Session, the State of New Mexico terminated Capital Outlay project grant agreements to Santa Fe County per Senate Bill 182 in the amount of $3,867,002. Please see attached memo and spreadsheet for details.

  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

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

SANTA FE COUNTY

RESOLUTION 2010 - 93

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam **Dept/Div: Community Services/Administration** **Phone No.: 992-6759**

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 ______
    If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES __X____ NO _______
    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.

SANTA FE COUNTY

RESOLUTION 2010 - 93

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 25th Day of May, 2010.

Santa Fe Board of County Commissioners

Harry B. Montoya, Chairperson

ATTEST:

Valerie Espinoza

Valerie Espinoza, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA