

RESOLUTION 2011 - 120

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2011, did request the following budget adjustment:

Department / Division: ASD/Finance for CSD/Seniors Fund Name: Special Appropriations Fund

Budget Adjustment Type: Increase Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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	0755	371	9000	Benny J. Chavez Sr. Center – State Grant	\$6,056	
318	7117	371	9000	Countywide Senior Centers – State Grant	\$26,766	
318	7118	371	9000	Rio En Medio Senior Center – State Grant	\$137,372	
318	7119	371	9000	Rufina Meal Site – State Grant	\$32,310	
TOTAL (if SUBTOTAL, check here)					\$202,504	

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	0755	481	8001	Benny J. Chavez Sr. Center – Bldgs/Structures	\$6,056	
318	7117	481	8003	Countywide Senior Centers – Equip/Machinery	\$26,766	
318	7118	481	8001	Rio En Medio Senior Center – Bldg/Structures	\$137,372	
318	7119	481	8003	Rufina Meal Site – Equip/Machinery	\$32,310	
TOTAL (if SUBTOTAL, check here)					\$202,504	

Requesting Department Approval: Carole Jaramillo Title: Budget Administrator Date: 8/30/11

Finance Department Approval: *Jewel M. [Signature]* Date: 8/23/11 Entered by: _____ Date: _____

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

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div. ASD/Finance Phone No.: 986-6321

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.

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
	Various capital improvements to structures and equipment for facilities	\$202,504

- 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: Carole Jaramillo Dept/Div. ASD/Finance Phone No.: 986-6321

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.

State Special Appropriations Contract #s

2009-4901

2009-4907

2010-3055

2009-4906

- 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.).

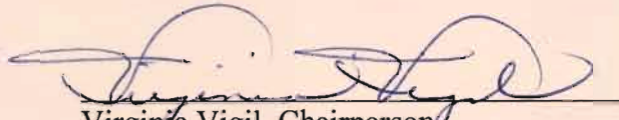
- d) Please identify other funding sources used to match this request.

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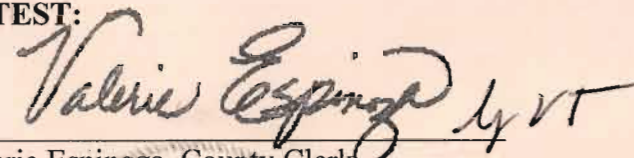
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of August, 2011.

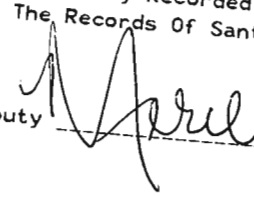
Santa Fe Board of County Commissioners


Virginia Vigil, Chairperson

ATTEST:


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 31ST Day Of August, 2011 at 02:48:08 PM
And Was Duly Recorded as Instrument # 1644083
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM