

RESOLUTION 2011 - 130

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: Public Works/Projects & FacilitiesFund Name: 101 General FundBudget Adjustment Type: Budget IncreaseFiscal 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
101	7102	385	0400	Budgeted Cash	25,677.00	
TOTAL (if SUBTOTAL, check here)					25,463.82	

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
101	7102	481	7090	Other Operating Costs	25,677.00	
TOTAL (if SUBTOTAL, check here)					25,677.00	

Requesting Department Approval: [Signature]Title: Dir. DirectorDate: 8/16/11Finance Department Approval: [Signature]Date: 8/22/2011

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____

Date: _____

SANTA FE COUNTY

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Page 2 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DEPARTMENT CONTACT: Name: Agnes Lopez Dept/Div: Public Works/Projects & Facilities Phone No.: 995-6516

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.

Santa Fe County received State Grant funding on behalf of the Life Link Organization to purchase a facility that would house a Club House Program serving the mentally disabled in Santa Fe County. The County purchased a building and executed a lease with The Life Link Organization for the use of the facility. Life Link wanted renovations to the facility and donated funds to accomplish the renovations. The project is now complete and the remaining unused funds should be refunded back to Life Link. The funding was budgeting in the 2011 Fiscal Year but was not budgeted in the 2012 Fiscal Year.

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
7090	Funds were donated by Life Link for the renovation of the Life Link leased Facility. The balance will be refunded.	25,677.00

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

DEPARTMENT CONTACT: Name: Agnes Lopez Dept/Div: Public Works/Projects & Facilities Phone No.: 995-6516

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

The funds were donated to the County by the Life Link Organization for the purpose of renovating a County owned facility that is being leased to the Life Link Organization to operate a Clubhouse Program for the mentally disabled in Santa Fe County. The renovations are complete and the funds being budgeted will be refunded back to the organization.


- 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:
 - General Fund
 - 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.

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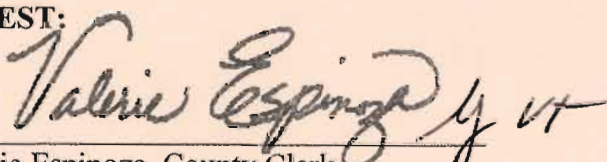
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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
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I Hereby Certify That This Instrument Was Filed for
Record On The 31ST Day Of August, 2011 at 02:48:18 PM
And Was Duly Recorded as Instrument # 1644093
Of The Records Of Santa Fe County

Deputy

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