SANTA FE COUNTY RESOLUTION 2011- 161

Page 1 of 5

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 25, 2011, did request the following budget adjustment:

Department / Division: Growth Management

Fund Name: _Fund 224 Economic Development

Budget Adjustment Type: Budget 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
224	0533	372	0907	Grant Revenue	76,850.00	
TOTAL (i	f SUBTOTAL, ch	eck here)			76,850.00	

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
224	0533	436	6001	Inventory Exempt	2,000.00	
224	0533	436	6090	Other supply-Program material	2,000.00	
224	0533	436	5090	Contractual Services	65,000.00	
224	0533	436	5015	Software	2,850.00	
TOTAL (i	TOTAL (if SUBTOTAL, check here XX) 71,850.00					
Requesting Department Approval: Molaney / A Title: MANAGEMENT / BELONOMIL Title: MANAGEMENT / DESIDE PART Date: 10/11/11						

Finance Department Approval:	arty	Date: 10/13/4	Entered by:	Date:
County Manager Approval:		_ Date:	Updated by:	Date:

SEC CLERK RECORDED 10/26/2011

SANTA FE COUNTY RESOLUTION 2011 - 161

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
TOTAL (if SUBTOTAL, ch	eck here)				

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
224	0533	436	7033	Workshops	1,000.00	
224	0533	436	3002	Travel—O/S	1,35000	
224	0533	436	3004	Meals and Lodging O/S	2,650.00	
TOTAL (i	f SUBTOTAL, ch	eck here XX			5,000.00	

SEC CLERK RECORDED 10/26/2011

SANTA FE COUNTY RESOLUTION 2011 - 16

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Duncan Sill

Dept/Div: <u>GM</u>

Phone No.: 995-2728

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.

This Budget Increase reflects a grant provided by the Bureau of Reclamation (BoR) The Bureau of Reclamation awarded a two-year grant in the amount of \$76,850.00 to Santa Fe County for developing a water resources inventory that is necessary to determine functional water uses in both incorporated and unincorporated areas, i.e., municipalities and in areas not dependent upon Utility infrastructure. The diverse water uses justify the need for characterization of water resources and future planning efforts for regional water systems, Land Use, community and economic development purposes. This award is for the collaborative efforts amongst Santa Fe, Los Alamos, Rio Arriba Counties and EBRIF as primary partners (see attached grant assistance agreement and related) Four copies of the Assistance Agreement forms are enclosed for signature purposes..

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
50-90	Contracted services for data collection, assessment and compilation per grant scope of work	65,000.00

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

SANTA FE COUNTY RESOLUTION 2011 - 16

Page 4 of 5

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

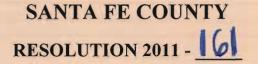
Name: Duncan Sill

Dept/Div: <u>GM</u>

Phone No.: 995-2728

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 _____ NO _XX____ If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES XX 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. Bureau of Reclamation Grant Agreement attachment
 - c) Is this request is a result of Commission action? YES _____ NO <u>XX</u>
 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. n/a



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.

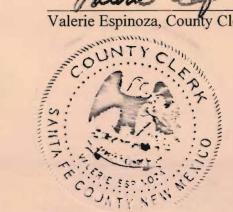
Approved, Adopted, and Passed This 25th Day of October , 2011.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

ATTEST: 4VT

Valerie Espinoza, County C





BCC RESOLUTIONS PAGES: 5 COUNTY OF SANTA FE) STATE OF NEW MEXICO I Hereby Certify That This Instrument Was Filed for) 55 Record On The 26TH Day Of October, 2011 at 10:08:31 AM And Was Duly Recorded as Instrument # 1649109 Of The Records Of Santa Fe County Witness My Hand And Seal Of Office Valerie Espinoza Clerk, Santa Fe, NM COLIMITY Deputy

SEC CLERK RECORDED 18/26/2011

Page 5 of 5