

# SANTA FE COUNTY

## RESOLUTION 2013 - 70

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

Whereas, the Board of County Commissioners meeting in regular session on July 30, 2013, did request the following budget adjustment:

Department / Division: County Manager / Finance

Fund Name: General Fund (101), 2008 GRT Revenue Bond (333);  
GOB Series 2008 (334); GRT Revenue Bond Debt Service (406);  
and GOB Debt Service (401)

Budget Adjustment Type: Budget Transfers Between Funds

Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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
406	1696	390	0101	Operating Transfer In / From General Fund		\$14,410
406	1696	390	0333	Operating Transfer In / From Bond Proceeds	\$14,410	
333	0796	360	0301	Investment Income	\$9,759	
333	0796	385	0400	Budgeted Cash	\$4,651	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>\$28,820</b>	<b>\$14,410</b>

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
333	0796	490	0406	Operating Transfer Out	\$14,410	
101	0796	490	0406	Operating Transfer Out		\$14,410
101	0796	481	8001	Capital / Buildings & Structures	\$14,410	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )</b>					<b>\$28,820</b>	<b>\$14,410</b>

Requesting Department Approval: Jeresa Martinez Title: Finance Director Date: 7/2/13

Finance Department Approval: Jeresa Martinez Date: 7/2/13 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: Katherine Nish Date: 7.31.13 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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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
401	0000	311	0501	Property Tax / Current		\$1,775
401	0000	390	0334	Operating Transfer In / From Fund 334	\$1,775	
334	0000	385	0400	Budgeted Cash	\$1,775	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$32,370	\$16,185

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
334	0000	490	0401	Operating Transfer Out / To Fund 401	\$1,775	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$30,595	\$14,410

**SANTA FE COUNTY**  
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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**    Name: Teresa Martinez                      Dept/Div: ASD / Finance                      Phone No.: 986-6375

**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.  
     Request is to transfer \$14,410 of investment income earnings realized on bond proceeds from the 2008 GRT Revenue Bond Fund (333) to the GRT Revenue Bond Debt Service Fund (406) as required by bond indenture to be used to pay debt service. This request also transfers a bond balance of \$1,775 from investment income for the GOB Series 2008 Fund (334) to the GOB Debt Service Fund (401) to be used to pay debt service.

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

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**DEPARTMENT CONTACT:**

Name: Teresa Martinez Dept/Div: ASD / Finance Phone No.: 986-6375

**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 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.).  
This request is not the result of Commission action; however, bonds were issued with Commission approval.
  
  - d) Please identify other funding sources used to match this request.  
There are no other funding sources 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 <sup>31<sup>st</sup></sup>~~30th~~ Day of July, 2013.

Santa Fe Board of County Commissioners

Kathy Holian  
Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar  
Geraldine Salazar, County Clerk  
7/31/2013

COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 5  
I Hereby Certify That This Instrument Was Filed for  
Record On The 1ST Day Of August, 2013 at 09:51:48 AM  
And Was Duly Recorded as Instrument # 1713820  
Of The Records Of Santa Fe County  
Deputy Marcella Salazar Witness My Hand And Seal Of Office  
Geraldine Salazar  
County Clerk, Santa Fe, NM

