

SANTA FE COUNTY

RESOLUTION 2015 - 19

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

Whereas, the Board of County Commissioners meeting in regular session on January 27, 2015, did request the following budget adjustment:

Department / Division: Public Works/ Project Development Fund Name: State Special Appropriation Fund (318)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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	0775	371	9000	State/Other	\$113,256	
TOTAL (if SUBTOTAL, check here)					\$113,256	

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	0775	481	8001	Capital Purchases/ Buildings & Structures	\$113,256	
TOTAL (if SUBTOTAL, check here)					\$113,256	

Requesting Department Approval: _____ Title: **Adam Leigland, PE, AICP** Date: **JAN 12 2015**
 Finance Department Approval: _____ Entered by: **Director, Public Works** Date: _____
 County Manager Approval: _____ Date: 1-27-15 Updated by: _____ Date: _____

5152/62/10 00000000 48373 000

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Agnes Leyba-Cruz Dept/Div: Project Development 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 Grant 14-L-1995 in the 2014 Legislative Session to design and construct renovations to the women's health building in Santa Fe County in the amount of \$114,400 minus \$1,144 for Art in Public Places. Public Works is requesting that the grant be budgeted to make improvements/renovations to the County owned facility located at 901 West Alameda including improvements to electrical and HVAC units.

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
8011	Improvements and renovations to the Women's Health Facility including electrical and HVAC upgrades.	\$ 113,256

8011 and 8012 are non-recurring

- 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:

Name: Agnes Leyba-Cruz Dept/Div: Project Development 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.):


- 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 State Special Appropriations Fund (318)
If YES, cite statute and attach a copy.
"Laws of 2014, Chapter 36 Section 22/192, One Hundred Fourteen Thousand Four Hundred Dollars and No Cents (\$114,400) to design and construct renovations to the women's health building in Santa Fe County."
 - b) Does this include state or federal funds? YES 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.
Grant 14-L-1995
Award Date: December 15, 2014
Amount: \$114,400
 - c) Is this request is a result of Commission action? YES NO
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.
NA

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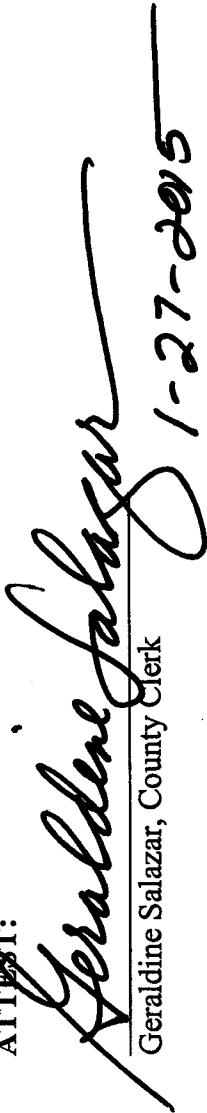
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of January, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chairperson

ATTEST:

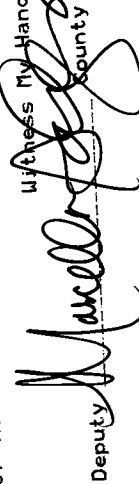

Geraldine Salazar, County Clerk



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of January, 2015 at 04:28:09 PM And Was Duly Recorded as Instrument # 1756190 Of The Records Of Santa Fe County


Deputy
Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM