

SANTA FE COUNTY

RESOLUTION 2018-20

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

Whereas, the Board of County Commissioners meeting in regular session on February 13, 2018, did request the following budget adjustment:

Department / Division: County Manager Fund Name: General Fund (101)

Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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	0799	360	0105	General Fund / Misc. Revenue / Capital Contributions	\$1,000,000	
TOTAL (if SUBTOTAL, check here)					\$1,000,000	

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	0799	481	8001	Capital Purchases / Buildings & Structures	\$1,000,000	
TOTAL (if SUBTOTAL, check here)					\$1,000,000	

Requesting Department Approval: Tony Flores Title: Deputy County Manager Date: 2/9/18

Finance Department Approval: [Signature] Date: 2/12/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 2/13/18 Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2018 - 20

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Tony Flores Dept/Div: CMO Phone No.: 986-6216

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 request is to increase the budget to the General Fund (101) to construct the Mountain and Valley Regional Health Facility (East Mountain Regional Health Facility)

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
8001	Construct East Mountain Regional Health Facility	\$1,000,000

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

SANTA FE COUNTY

RESOLUTION 2018 20

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Tony Flores Dept/Div: CMO Phone No.: 986-6216

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

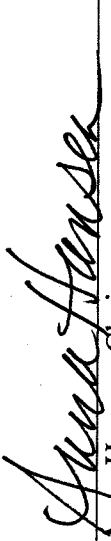
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES 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.).
 - d) Please identify other funding sources used to match this request.

SANTA FE COUNTY
RESOLUTION 2018 20

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 13th Day of February, 2018.

Santa Fe Board of County Commissioners


Anna Hansen, Chairperson

ATTEST:


Geraldine Salazar, 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 14TH Day Of February, 2018 at 09:20:32 AM And Was Duly Recorded as Instrument # 1849942 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Geraldine Salazar
County Clerk, Santa Fe, NM

