

SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on June 24, 2008, did request the following budget adjustment:Department / Division: Growth Management-Public Works-Project Dev. Fund Name: GOB Series 2005 (330)Budget Adjustment Type: Budget Increase Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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
330	0000	385	0400	Budgeted Cash	\$48,000.00	
TOTAL (if SUBTOTAL, check here ☐)					\$48,000.00	

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
330	6144	453	8010	Roadways/Capital Purchase (CR 85A--Tano West)	\$48,000.00	
TOTAL (if SUBTOTAL, check here ☒)					\$48,000.00	

Requesting Department Approval: Denise Sanchez Title: AdministratorDate: 6/11/08Finance Department Approval: [Signature] Date: 6/16/08

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Denice Sanchez Dept/Div: Growth Management – Public Works – Project Development Phone No.: 992-3023

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 to Budget GOB funds for the CR 85A – Tano West Road Improvement Project estimated at \$48,000.00.

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
	Budget GOB funds for the CR 85A – Tano West Road Improvement Project	\$48,000.00

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Denice Sanchez Dept/Div: Growth Management – Public Works – Project Development Phone No.: 992-3023

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

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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.

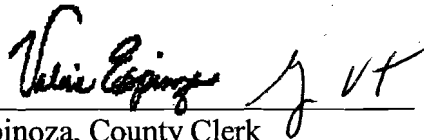
Approved, Adopted, and Passed This 24th Day of June, 2008.

Santa Fe Board of County Commissioners

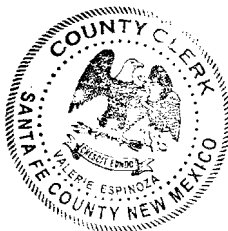
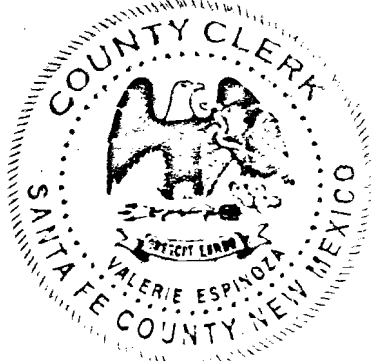


Jack Sullivan, Chairperson

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 25TH Day Of June, A.D., 2008 at 11:21
And Was Duly Recorded as Instrument # **1530218**
Of The Records Of Santa Fe County



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