

SANTA FE COUNTY


RESOLUTION 2008 - 197Page 1 of 4**A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM****Whereas, the Board of County Commissioners meeting in regular session on November 18th, 2008, did request the following budget adjustment:**Department / Division: Community Services/AdministrationFund Name: State Special AppropriationsBudget Adjustment Type: Budget IncreaseFiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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
232	0421	371	9000	S.F. Recovery Center/State Special Appropriation	10,000	
244	0836	371	9000	Pojoaque Fire Station/State Special Appropriation	20,000	
101	2225	371	9000	Youth Shelter/State Special Appropriation	5,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					35,000	

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
232	0421	461	5090	Contractual Services/Other Contractual Services	20,000	
244	0836	422	5090	Contractual Services/Other Contractual Services	5,000	
101	2225	435	5090	Contractual Services/Other Contractual Services	10,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					35,000	

Requesting Department Approval: Joseph Gutierrez  Title: Director, Community Services Department Date: October 28, 2008Finance Department Approval:  Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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RESOLUTION 2008 - 197Page 2 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:** Name: Pamela Lindstam Dept/Div: Community Services/Administration Phone No.: 992-9860**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.
The purpose of this request is to budget funds received from the State of New Mexico, General Fund Projects, Laws of 2008 in the amount of \$35,000 for reimbursement of qualifying expenditures (operating expenses) for the following:

Santa Fe Recovery Center - account #232-0421-\$10,000
Pojoaque Fire Station - account #244-0836-\$20,000
Youth Shelter & Family Services - account #101-2235-\$5,000

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
232-0421-461-5090	Reimbursement of operating expenses for the Santa Fe Recovery Center	10,000
244-0836-422-5090	Reimbursement of operating expenses for the Pojoaque Fire Station	20,000
101-2225-435-5090	Reimbursement of operating expenses for the Youth Shelter & Family Services	5,000

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela LindstamDept/Div: Community Services/AdministrationPhone No.: 992-9860

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 _____
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X 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.
State of New Mexico, Department of Finance & Administration, Local Government Division, General Fund Projects, Laws of 2008
08-L-G-1113-Sant a Fe Recovery Center - \$10,000- expiration 6/30/09
08-L-G-1114 Pojoaque Fire Station - \$20,000 – expiration 6/30/09
08-L-G-1115 Youth Shelter & Family Services - \$5,000 – expiration 6/30/09
 - 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.

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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.

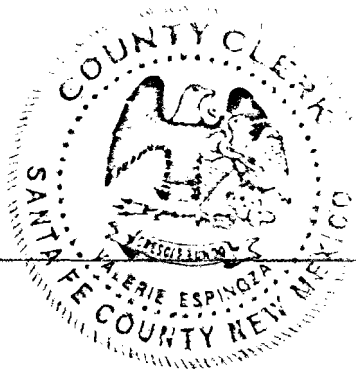
Approved, Adopted, and Passed This 18 Day of November, 2008.

Santa Fe Board of County Commissioners


Paul Campos, Chairperson

ATTEST:

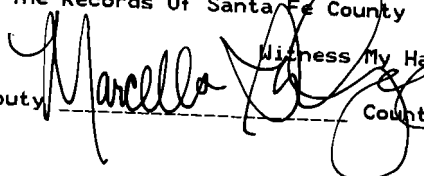

Valerie Espinoza, County Clerk



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 26TH Day Of November, 2008 at 03:26:02 PM
and Was Duly Recorded as Instrument # 1545287
of The Records Of Santa Fe County


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