### SANTA FE COUNTY

### **RESOLUTION 2008 -** <u>217</u>

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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 \_\_\_\_December 9, 2008\_\_, did request the following budget adjustment:

Department / Division: \_\_\_Growth Management/Public Works\_\_\_\_\_\_ Fund Name: \_\_\_General Fund/Transfer Stations\_\_\_\_\_\_

Budget 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
101 311	0605 0000	390 385	03-00 02-00	Operating Transfer In/ Special Revenues Budgeted Cash	\$306,000 \$306,000	
TOTAL (i	f SUBTOTAL, ch	eck here)			\$612,000	

#### 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	0605	443	80-01	Capital Purchases / Buildings and Structures	\$306,000	
311	0000	490	01-00	Operating Transfer Out	\$306,000	
TOTAL (if SUBTOTAL, check here)         \$612,000						

Requesting Department Approval:	James Lujan	Title: Director	Date:12/9/08
Finance Department Approval:	DAC Matting Date: 10	z/JoxEntered by:	Date:
County Manager Approval:	Date:	Updated by:	Date:

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: James Lujan Dept/Div: Growth Mgmt./Public Works Phone No.: 992-6518

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

Please summarize the request and its purpose.
 To increase additional budget authority for the Stanley transfer station in order to continue and complete the transfer station project.

a) Employee Actions

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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
101-0605-	Professional Services - to continue and complete Stanley Transfer Station construction project.	\$306,000

• 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:
 James Lujan
 Dept/Div:
 Growth Mgmt. /Public Works
 Phone No.:
 992-6518

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) Is 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 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.

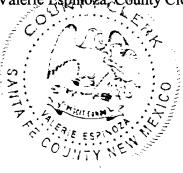
Approved, Adopted, and Passed This \_\_\_\_\_ Day of <u>Member</u>, 2008.

Santa Fe Board of County Commissioners

Paul Gampos, Chairperson

ATTEST:

Maria Valerie Espinoza, County Clerk





COUNTY OF SANTA FE ) PAGES: 4 STATE OF NEW MEXICO ) SS I Hereby Certify That This Instrument Was Filed for Record On The 18TH Day Of December, 2008 at 08:34:39 RM and Was Duly Recorded as Instrument # **1546900** Of The Records Of Santa Fe County Witness My Hand And Seal of Office Valerie Espinoza Deputy

BCC RESOLUTIONS