

SANTA FE COUNTY

RESOLUTION 2009 - 102

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

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_ did request the following budget adjustment:

Department / Division: Sheriff / Region III Fund Name: General Fund 101

Budget Adjustment Type: Budget Increase Fiscal 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	1201	360	0200	Insurance Recovery	5,051.56	
TOTAL (if SUBTOTAL, check here )					5,051.56	

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	1201	424	4004	Maintenance / Vehicles	5,051.56	
TOTAL (if SUBTOTAL, check here )					5,051.56	

Requesting Department Approval: [Signature] Title: Mayor Date: 2-25-09

Finance Department Approval: [Signature] Date: 2/25/09 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2009 - \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ralph W. Lopez, Program Manager, Region III Dept/Div: Sheriff / Region III Phone No.: 473-7021

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.  
 Region III received a check from the New Mexico County Insurance Authority Multiline Pool to repair a vehicle purchased by Region III, with Grant Funds in 2004. The vehicle had sustained fire damage when wiring under the dash ignited.

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

- 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense XX

## RESOLUTION 2009 - \_\_\_\_\_

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

## DEPARTMENT CONTACT:

Name: Ralph W. Lopez, Program Manager, Region III Dept/Div: Sheriff / Region III Phone No.: 473-7021

**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 XX  
If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES XX 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 an award letter and proposed budget. This is an Insurance check through New Mexico County Insurance Authority Multiline Pool for the amount of \$5,051.56.
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO XX  
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.  
There are no other funding sources to match this request.

RESOLUTION 2009 - \_\_\_\_\_

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 31 Day of March, 2009.

Santa Fe Board of County Commissioners

*Michael Anaya*  
Michael Anaya, Chairperson

ATTEST:

*Valerie Espinoza* 3/31/09  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of April, 2009 at 01:09:24 PM And was Duly Recorded as Instrument # 1557732 of The Records Of Santa Fe County

Deputy *Gail K. Romo* Witness My Hand And Seal Of Office Valerie Espinoza County Clerk, Santa Fe, NM