

SANTA FE COUNTY

RESOLUTION 2009 - 66

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

Whereas, the Board of County Commissioners meeting in regular session on March 31st, 2009, did request the following budget adjustment:

Department / Division: Community Services/Administration

Fund Name: State Special Appropriation

Budget Adjustment Type: Budget Increase

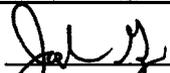
Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

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
318	0749	371	9000	Agua Fria Community Center/State Special Appropriation	100,000	
TOTAL (if SUBTOTAL, check here)					100,000	

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
318	0749	481	8001	Capital Purchases/Buildings & Structures	100,000	
TOTAL (if SUBTOTAL, check here)					100,000	

Requesting Department Approval: Joseph Gutierrez  Title: Director, Community Services Department Date: March 9, 2009

Finance Department Approval:  Date: 3/23/09 Entered by: _____ Date: _____

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

SANTA FE COUNTY

RESOLUTION 2009 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Pamela Lindstam Dept/Div: Community Services/Administration Phone No.: March 9, 2009

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 from the State of New Mexico 2006 Severance Tax Bond Grant Agreement Amendment No. 2 for the Agua Fria Community Center in the amount of \$100,000

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
318-0749-481-8001	Renovate and equip the Agua Fria Community Center	\$100,000

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

SANTA FE COUNTY

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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.):

- 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 Severance Tax Bond Grant Agreement Amendment No. 2
#06-L-G-2527 in the amount of \$100,000
 - 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 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.

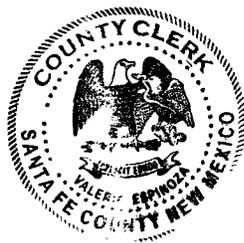
Approved, Adopted, and Passed This 31 Day of March, 2009.

Santa Fe Board of County Commissioners

[Signature]
Michael D. Anaya, Chairperson

ATTEST:

[Signature]
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 1ST Day Of April, 2009 at 01:16:02 PM And Was Duly Recorded as Instrument # 1557736 Of The Records Of Santa Fe County

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