SFC CLERK RECORDING01/31/2007

SANTA FE COUNTY

RESOLUTION 2007- 15

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

Whereas, the Board of County Commissioners meeting in regular session on January 30th, 2007, did request the following budget adjustment:

Department / Division: Projects & Facilities Management Department

Fund Name: State Special Appropriations Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2007 (July 1, 2006 - June 30, 2007)

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	0779	371	9000	La Familia Medical Center-Special Appropriation State	25,000	
TOTAL (if SUBTOTAL, check here ____)					25,000	

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	0779	481	8001	Buildings & Structures	25,000	
TOTAL (if SUBTOTAL, check here ____)					25,000	

Requesting Department Approval: Joseph Gutierrez, _____ **Title:** P&FMD Director **Date:** 1/11/06

Finance Department Approval Teresa C Martinez **Date:** 1/19/04 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

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SANTA FE COUNTY

RESOLUTION 2007 - 15

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam **Dept/Div:** P&FMD/Admin. **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 bring the grant balance forward from previous year for the La Familia Medical Center Special State Appropriation.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
  This grant balance was overlooked during the ending year 2006 roll-over.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This transfer is non-recurring.

- 4) Does this request impact a revenue source? If so, please ide0ntify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  - a) If this is a state special appropriation, cite statute and attach a copy.

  - b) If this is a state or federal grant, cite grant name, number, award date and amount.
    La Familia Medical Center - #05-L-G-1790 - Oct.5th, 2005 - $ 25,000

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SANTA FE COUNTY

RESOLUTION 2007 - 15

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Pamela Lindstam **Dept/Div:** P&FMD/Admin. **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.):

- 4) (Continued):
  - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
    This is not a result of Commission action.

  - d) Please identify other funding sources that can be used to match this request.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
  This request does not impact the Capital Purchases category.

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.

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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 30th Day of January, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson 1/30/07

ATTEST:

Valerie Espinoza 1/30/07

Valerie Espinoza, County Clerk

Approved As To Form.

By Carolyn Glick for

Stephen Ross, County Attorney

BCC RESOLUTIONS
PAGES: 4

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of January, A.D., 2007 at 13:06
And Was Duly Recorded as Instrument # 1469097
Of The Records Of Santa Fe County

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

Deputy Marcella