SANTA FE COUNTY

RESOLUTION 2016 - 67

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

Whereas, the Board of County Commissioners meeting in regular session on June 28, 2016, did request the following budget adjustment:

Department / Division: County Manager / Finance Fund Name: GOB Series 2013 Fund (351)

Budget Adjustment Type: Budget Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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
351	0000	385	0400	Budgeted Cash	$55,047	
TOTAL (if SUBTOTAL, check here X)					$55,047	

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
351	7711	481	8011	Capital Purchases / Rdwy Capitalized Cont. Svc. Thronton Ranch OS	$55,047	
TOTAL (if SUBTOTAL, check here X)					$55,047	

Requesting Department Approval: Carole H. Jaramillo **Title:** Finance Division Director **Date:**

Finance Department Approval: Carole H. Jaramillo **Date:** 6/16/16 **Entered by:** **Date:**

County Manager Approval: Katherine Miller **Date:** 6/28/16 **Updated by:** **Date:**

SFC CLERK RECORDED 06/30/2016

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Carole Jaramillo **Dept/Div:** CMO / Finance **Phone No.:** 986-6375

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.
  Request to increase the GOB Series 2013 Fund (351) to adjust the Thornton Ranch OS project budget that was made in error with the realignment Resolution 2015-132 which was approved in September 2015. This adjustment will ensure that the budget amount equals the allocation amount that was approved for the project.

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
351-7711-481-8011	To correct the budget amount that was made in error	$55,047

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

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carole Jaramillo **Dept/Div:** CMO / Finance **Phone No.:** 986-6375

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 ___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 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.
    There are no other funding sources 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 28th Day of June, 2016.

Santa Fe Board of County Commissioners

Miguel M. Chavez, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of June, 2016 at 08:12:06 AM
And Was Duly Recorded as Instrument # 1797750
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy _____ County Clerk, Santa Fe, NM

SFC CLERK RECORDED06/30/2016