

SANTA FE COUNTY

Page 1 of 4RESOLUTION 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 ☒)					\$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 ☒)					\$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: Francine J. Peller Date: 6/28/16 Updated by: _____ Date: _____

SANTA FE COUNTY

Page 2 of 4

RESOLUTION 2016 - 67

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

Page 3 of 4

RESOLUTION 2016 - 67

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 NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES NO 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 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.

SANTA FE COUNTY

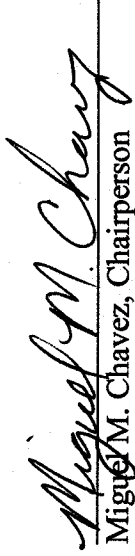
Page 4 of 4

RESOLUTION 2016 - 67

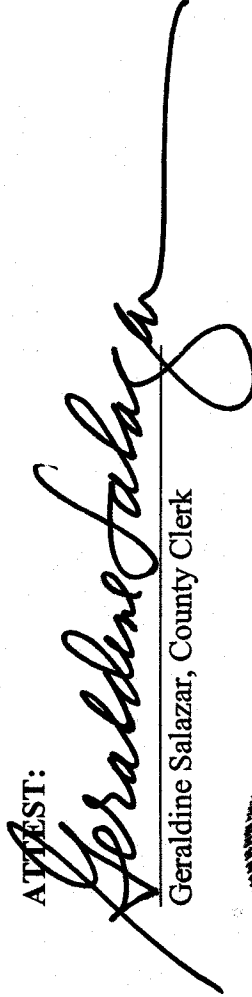
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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
BCC RESOLUTIONS
PAGES: 4

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 RECORDED 06/30/2016