

SANTA FE COUNTY

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RESOLUTION 2017 - 5

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

Whereas, the Board of County Commissioners meeting in regular session on Feb 14, 2017, did request the following budget adjustment:

Department / Division: CMO Fund Name: Lodger's Tax Advertising Fund (215)

Budget Adjustment Type: Increase Fiscal Year: 2017 (July 1, 2017 - June 30, 2017)

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
215	0000	385	0200	Lodger's Tax Advertising Fund Budgeted Cash	\$400,000	
TOTAL (if SUBTOTAL, check here)					\$400,000	

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
215	0320	433	5003	Contractual Services	\$397,500	
215	0320	433	7041	Other Operating Costs/Reporting & Recording	\$2,500	
TOTAL (if SUBTOTAL, check here)					\$400,000	

Requesting Department Approval: Don Maye Title: _____ Date: _____

Finance Department Approval: Don Maye Date: 2-7-17 Entered by: _____ Date: _____

County Manager Approval: Spencer Nix Date: 2.14.17 Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2017 - 15

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Don Moya Dept/Div: CMO/Finance Phone : 986-6321

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.

To budget cash for new initiatives to be undertaken by the County Manager's Office including a new grant program, an additional advertising campaign and marketing materials. These initiatives are in alignment with the express purpose of the Lodger's Tax per State statute and County ordinance.

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
215-0320-433-5003	FY2016 and FY2017 grant programs and other tourism related contractual services	\$397,500

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

SANTA FE COUNTY

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RESOLUTION 2017 - 15

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Don Moya _____ Dept/Div: CMO/Finance _____ Phone No.: 986-6321 _____

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.

Lodger's Tax Advertising Fund - Cash

- 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.

SANTA FE COUNTY

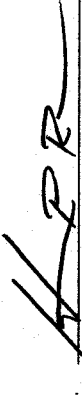
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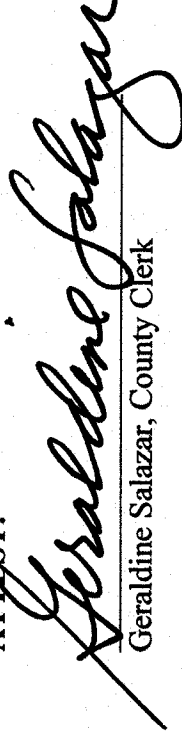
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 14th Day of February, 2017.

Santa Fe Board of County Commissioners


Henry P. Roybal, 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 15TH Day Of February, 2017 at 09:32:04 AM
And Was Duly Recorded as Instrument # 1817745
Of The Records Of Santa Fe County

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

