

**SANTA FE COUNTY**  
**RESOLUTION 2018 - 76**

**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 31, 2018, did request the following budget adjustment:**

Department / Division: CMO/Finance

Fund Name: GRT Bond Debt Service Fund (406)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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
406	1696	322	0100	GRT Bond Rev Debt Service	\$24,305,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$24,305,000	

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
406	1696	419	9005	Payment for Bond in Escrow	\$24,305,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					\$24,305,000	

Requesting Department Approval: \_\_\_\_\_

Title: Finance Director

Date: 7-11-18

Finance Department Approval: \_\_\_\_\_

Date: 7/19/18

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_

Date: 8-1-18

Updated by: \_\_\_\_\_

Date: \_\_\_\_\_

Log # 0067

**SANTA FE COUNTY**

**RESOLUTION 2018 - 76**

DEPARTMENT CONTACT: Name: Stephanie Schardin Clarke Dept/Div: CMO/Finance Phone No.: 995-2780

**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 Finance Division is requesting to Budget the Escrow Receiving and Payment for the Series 2008 Bonds, which were part of the 2016 Revenue Bond Refunding.

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

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

**SANTA FE COUNTY**

**RESOLUTION 2018 - 76**

**DEPARTMENT CONTACT:**

Name: Stephanie Schardin Clarke

Dept/Div: CMO/Finance

Phone No.: 995-2750

**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 an award letter and proposed budget.  
  
16-A2502 Amendment #1
  - 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.

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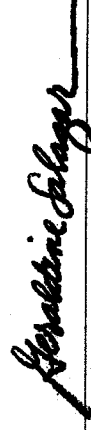

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed this 31 Day of July, 2018.

Santa Fe Board of County Commissioners

  
Anna Hansen, Chairperson



ATTEST:

  
Geraldine Salazar, County Clerk  




COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
I Hereby Certify That This Instrument Was Filed for  
Record On The 1ST Day Of August, 2018 at 04:31:56 PM  
And Was Duly Recorded as Instrument # 1864105  
Of The Records Of Santa Fe County



Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy  County Clerk, Santa Fe, NM  
  
08 01 2018  
SFC CLERK RECORDED